STATE	OF	MARYLAND	
-------	----	----------	--

		A		
	ŧ	~	1	
NO				

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

lia Dividion Randows

-		FOR STATE REGISTRAR	DEPA		ATE OF DEATH	0 /	NO. 1 4	1 3	
1	DEC TYPE C	EASED NAME FIRST	WIDDLE	WA	HACE	20 DATE OF DEATH	0 5 166	/ E 7	5 AM
	SEX.	F	RACE	5. DATE OF I	BIRTH YEAR	6 AGE (IN YEARS LAS	YRS.	ITHS DAYS H	OURS MIN.
1	C	Borr	6 CITIZEN OF WHAT COUNTI	MARRIED WIDOWED		9 BALTIMORE CIT	himore	Laty	MD.
1	T	3ACT()	1. NAME OF HOSPITAL NUE	SECO	UR HOS			126. KIND OF	USINESS OR
1	3e S1	L RESIDENCE HENURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BE	TO 13	INSIDE CITY LIMITS?	13. STREET ADDRES	S ZIP CODE	SWR	OES7
1	LFA		DOLE WALLST	SCE "	FIRS	MIDDL	MHI	TE	
		AS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SI WAR OR DATES) 2/3-2	U-1252	I CLI AN	SANDS	DRESS		
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY.	1 1	monary	arrest		APPRÖXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
-		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF AS A CONSECUTION OF THE CONSECUTION OF	CV	A SKA	1		1mo	IKS.
		PART 2 OTHER SIGNIFICANT CO							
	THE	3/30/87	196 CONDITION FOR WH	ic Al-	Postiga	200 AUTOPSY?	IN CERTIFYIN		
an c	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	TE HOW INJURY OF CHI	RED (ENTER NATURE OF	NJURY IN ITEM 18 PART	1 OR PART 2)	
	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		If LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
1		22a. I certify that (I) (this haspital sow the deceased alive an above, (I) (we) (did) (did not)	5/5	9. 7. ond	that in (my) (our) opinion	deoth occurred on the	e date and hour or	nd from the cau	
		226 SIGNATUR CLOSS		.' /		MEDICAL S	TAFF SICIAN X	5/6	18 )
1		22d. PHYSICIAN'S NAME (TYPE OR	ARAYST			secons!	Hol	pir	9.
2		PECIFY BUT I AP	23b. DATE 2		NETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	timare	Marul	and

Baltimore St.

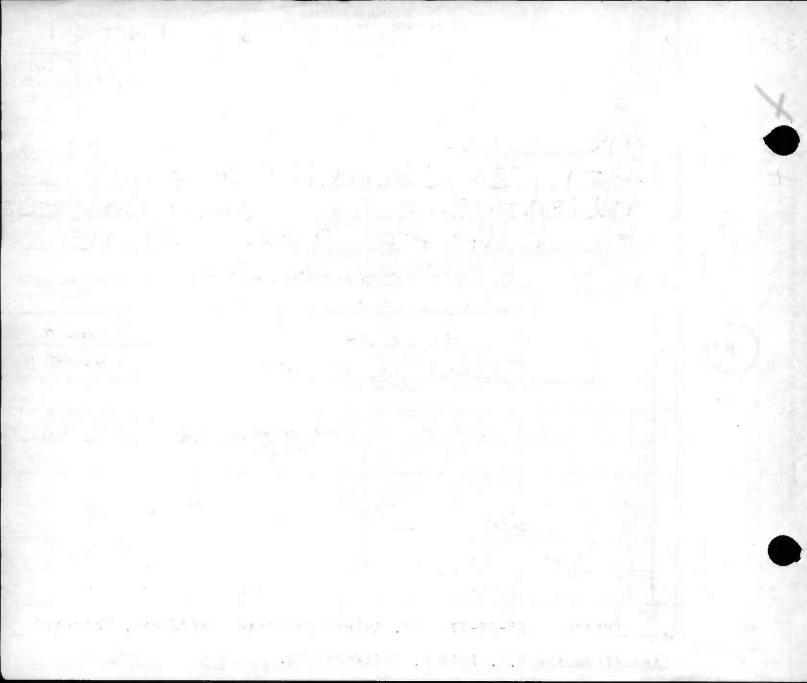
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Brown/Thompson F. H. 1913 W.

TO FUNERAL DIRECTOR

BP



0529

directive, page 3

deoth. Page 4 may be

requires that the death certificate be executed within 24 haurs ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

CT	ATE	AF	88.4	DWI	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

			10.00	- 4
0.	4		3	
0 #		F	4	- 4

1. DECEASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH	NO.
(1V9E OR RRATE)	MONTH DAY YEAR 26 HOUR
CARRIE M. WALLMAN 5/4/	87 11:PM
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST I	IRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Female   Caucasian   1/17/96   9/	YRS
MARRIED   NEVER MARRIED	OR COUNTY OF DEATH
Maryland USA WIDOWED X ? DIVORCED [] BALTI	MORE CITY MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  120 USUAL OCCUPA	
BALTIMORE SINAI HOSP. OF BALT. Meat Pac	ker. Goetz
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 133 INSIDE CITY LIMITS? 130 STREET ADDRESS 5220 YOU 130 STREET ADDRESS 5220 YOU	
FATHER'S NAME  MIDDLE	tAST
Frederick Wildberger Lena	Arnold
166 WAS DECF 4550 FVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD  (19 YES, NO OF " (19 YES, GIVE WAR OR DATES)	RESS
NO   217-22-4455 William H. Callahan 5	00 W. 29th St. 21211
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) RESP ARREST	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which ( (b) ! Dehydration & day action	1 day
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost. (c) oldage heart disease Diahetes mel	atus years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
<u> </u>	
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	IN CERTIFYING CAUSES OF DEATH?
YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO
21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF IN	IN CERTIFYING CAUSES OF DEATH?  YES NO
an convenience of court of province of the court of the c	IN CERTIFYING CAUSES OF DEATH?  YES NO
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  INFETTHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION  STREET CITY OF	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTE OF PART 2)
OR CONTRIBUTING CAUSE OF DEATH    IF EITHER NOTIFY MEDICAL EXAMINED    21d. INJURY OCCURRED   NOTIFY MEDICAL EXAMINED   21e. PLACE OF INJURY   (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)   STREET     CITY OR STREET   CITY OR STREET	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOT THE STATE OF PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  IFEITHER NOTIFY MEDICAL EXAMINED  21d. INJURY OCCURRED  AT WORK  NOT WHILE NOT WHILE (AT MONE STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (1) (this haspital) attended the deceased from 5 3 19 8 7 to 5	IN CERTIFYING CAUSES OF DEATH? YES NO UNITY STATE OWN COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (1) this haspital oftended the deceased from 5/3 19/87, to 5/  sow the deceased alive on above (1) twell (did) lead not) view the body ofter death.	IN CERTIFYING CAUSES OF DEATH? YES NO ON OWN COUNTY STATE  OWN COUNTY STATE  dote and hour and from the couses stated
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  220. I certify that (I) this haspital ottended the deceased from  sow the deceased alive on obove (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  OR CONTRIBUTING CAUSE OF PEATH  P.M. 19  21l. LOCATION  STREET  CITY OR  19  7. to 5  DEGREE	IN CERTIFYING CAUSES OF DEATH? YES NO UNITY STATE OWN COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  AT WORK AT MOME STREET, FACTORY, OFFICE, FARM, ETC.)  220. I certify that (I) this haspital oftended the deceased from 5/3 19/7, to 5/  sow the deceased alive on 5/4 19/7, and that in (my) (our) opinion death occurred on the obove (II) (we) (did) Hand mail view the body after death.  22b. SIGNATURE  DEGREE  D. BOLLISME 2067  M. D. ATTENDING MEDICAL ST. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DI	OWN COUNTY STATE  OWN COUNTY STATE  19 , the (1) (we) out dote and hour and from the couses stated  22c. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER MOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  220. I certify that (I) this haspital ottended the deceased from  sow the deceased alive on obove (II) (we) (did) (did mot) view the body ofter death.  22b. SIGNATURE  DEGREE	IN CERTIFYING CAUSES OF DEATH? YES NO ON STATE  OWN COUNTY STATE  4 19 19 the (I) (we) of the course stated dote and hour and from the course stated dote and hour
OR CONTRIBUTING CAUSE OF DEATH	OWN COUNTY STATE  OWN COUNTY STATE  19 , the (1) (we) out dote and hour and from the couses stated  22c. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  211. LOCATION  STREET  CITY OR  WHILE NOTIFY MEDICAL EXAMINER)  AT WORK  220. I certify that (I) this hospital ottended the deceased from 5/3 . 19 87 . to  sow the deceased alive an 5/4 . 19 7 . and that in my) (our opinion death occurred on the above (II) (we) (did) (street mot) view the body after death.  22b. SIGNATURE  DEGREE  D BOLLOW 2067  MD ATTENDING MEDICAL ST PHYSICIAN'S NAME (IVPE OR PRINT)  22d. PHYSICIAN'S NAME (IVPE OR PRINT)  DEGREE  D BOERS MA  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  DOUGON PARK  BURIAL CREMATION, REMOVAL 23b. DATE  DOUGON PARK  BAIL IM  BAIL	OWN COUNTY STATE  22C DATE SIGNED  AFF  CLIAN STATE  22C DATE SIGNED  AFF  CLIAN STATE  COUNTY STATE  27C DATE SIGNED  AFF  COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH  IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  (AT HOME. STREET, FACTORY. OFFICE, FARM. EIC.)  21l. LOCATION  STREET  CITY OR  22d. I certify (I) (this hospital) ottended the deceosed from 5/3 . 19 87. to 5/2  sow the decensed olive on 5/4 . 19 72. ond that in my) (our opinion death occurred on the obove (II) (we) (did) (street not) view the body after death.  22b. SIGNATURE  DEGREE  DEGREE  DEGREE  ATTENDING MEDICAL ST PHYSICIAN'S NAME (TYPE OR PRINT)  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  DEGREE  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (TY OR TOWN)  Burial  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (TY OR TOWN)  Burial  DEGREE  DEGREE  ATTENDING MEDICAL ST PHYSICIAN DIRECTOR P	IN CERTIFYING CAUSES OF DEATH?  YES NO

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical

The state of the s 1-6565 3-15 

154373

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 1 7 2

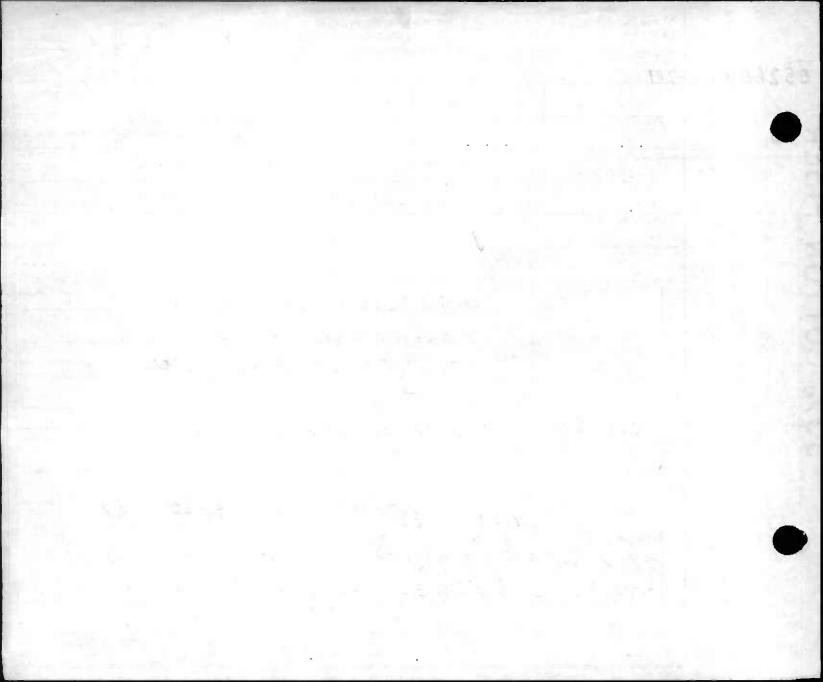
	REGISTRAR		CERI	IFICATE OF D	EATH	REG. N	10.	-	3	0 0	
	CEASED NAME FIL	RST A	NIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR D	
(ITPE	JOH	IN	WA	LSH			87	6:45 M			
3. SEX	(	4. RACE	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	30 IF UNDER	RTYEAR	IF UNDER 24 HRS	
	ALE	WHITE	11	2 <sup>DAY</sup>	06	80	YRS	MONTHS	DATS	HOURS MIN.	
	RTHPLACE (STATE OR FOREH	GN 76 CITIZEN OF	WHAT COUNTRY?	IED NEVERA	AARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		
	ARYLAND	U.S.	WIDOV		ORCED	BALTO.	CITY	7		MD.	
0	TY OR TOWN OF DEATH		OSPITAL, NURSING HOME HEACILITY GIVE STREET ADDRESS) A ST. MICHA			170 USUAL OCCUPATION OF THE SUPERVI	OF WORKING	LIFE) IND	KIND OF USTRY RETA	BUSINESS OR	
MA	RYLAND	OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN BALTO.	13d. INSIDE C	NO 🗌		ZIP CO		C.	21211	
	THER'S NAME	$M_{ullet}^{MIDDLE}$	WALSH	15 MOTHER'S	MAIDEN NAM	WE		F	RYAN		
160 V	VAS DECEASED EVER IN L	J.S. ARMED FORCES?  YES, GIVE WAR OR DATES!	166 SOCIAL SECURITY NO	17 INFORMA	NT	ADDF	ESS 9	006 D	AVI	S AVE	
UN	(IF	TES, GIVE WAR ON DATES	213-10-999	7 MS.	ROSE	A. CORTE	SI	AKOM	IA P	K. MD	
CERTIFICATION		nich of the ost ODE TO, OF OST (c) CANT CONDITIONS CO	AS A CONSEQUENCE OF AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUTTON FOR WHICH OPERAT	>		INAL DISEASE OR COM	20b IF Y	YES, WERE	FINDING	GS USED  OF DEATH?  NO []	
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE	E OF DEATH HOUR A.	M. MONTH DAY YEA	TH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR T	OWN	COL	INIA	STATE	
			50 1987		(our) opinion o	death occurred on the	dote and h		om the c		
1	27h SIGMATURE	i ju		45		MEDICAL STA		220	. DATE S	IGNED	
	A-C C	Sheau	e	27e ADDRES	5 h	BeWE	de	Pt	21	215	
230 B	SURIAL, CREMATION, REM	NOVAL 23b. DATE	23¢ NAME OF	CEMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNT	TY	STATE	
R	EMOVAL	3-31-	-87		Total a						
	INERAL DIRECTOR NAME TATE ANATO	OMY BOARD	ADDRESS		"MÂ	REC'D. BY REGISTRAL 2 2 1987	Julia.	Devid.	-Z	JRE .	

DHMH - 16 60M 7/84 (VRA 15, 4)

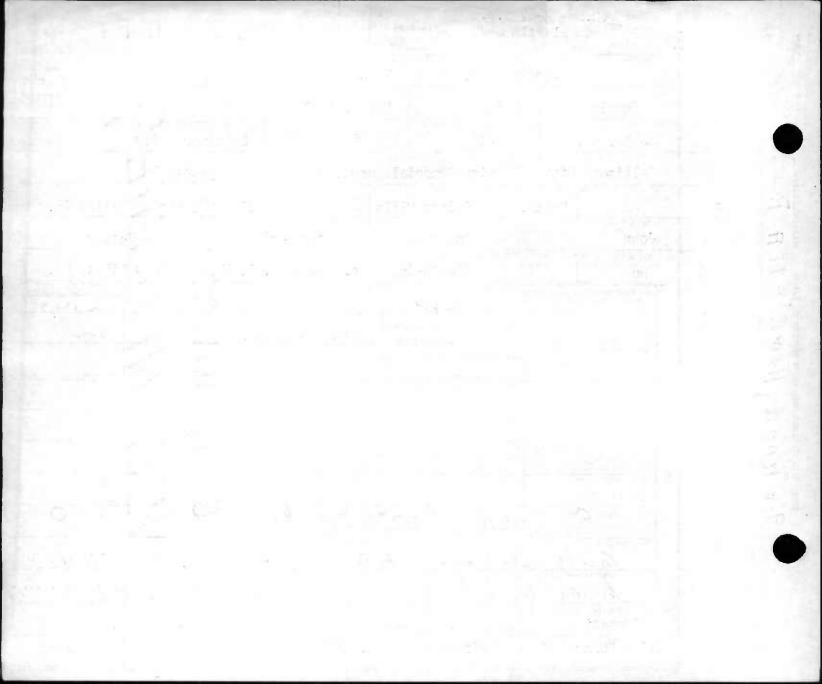
JAY D with the bearing here

(VRA 15, 4)

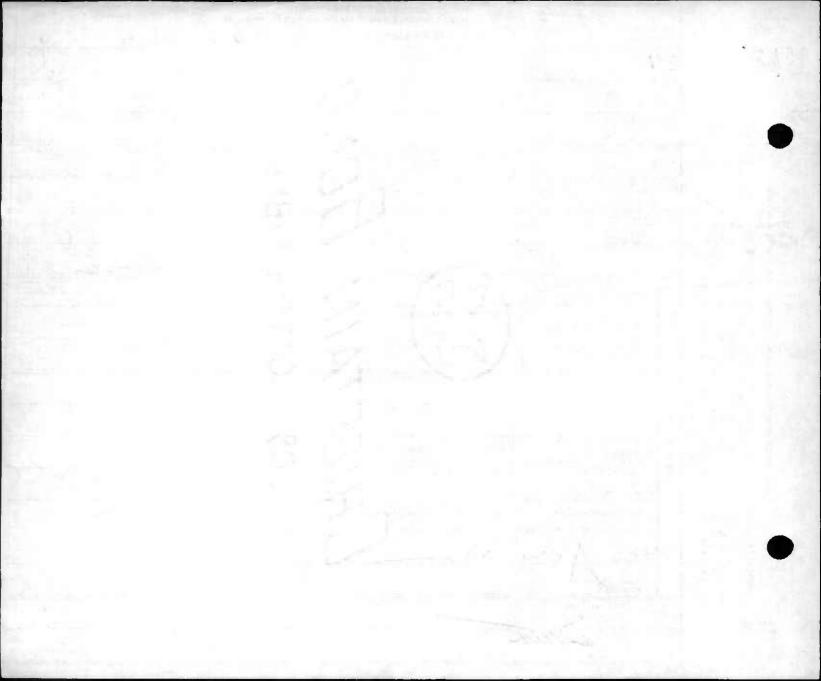
	1	FOR		STATE OF MARYLAND		100
	1-	STATE REGISTRAR	DEPAKIN	CERTIFICATE OF DEATH	8 REG. NO.	14.134
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
604 W	-7	A7 CLEVEL	AND	ARD	5	1 87 M
Te. p	3 SE	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4		MALE	BLACK	2 8 2		RS
Phod in		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8. MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COL	
de ort		N.C.	U.S.A.	WIDOWED DIVORCED	Baltimore	City MD.
by the fu	10 C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 2310 Barclay	ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Constructi	MG LIFE) INDUSTRY
24 have		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL		N 134 INSIDE CITY LIMITS	32 STREET ADDRESS / ZIP C	CODE ay St. 21218
1 11 7	14. F.A	THER'S NAME		15 MOTHER'S MAIDEN	INAME	
: IND		Lonnie	Ward Ward	Rachel	WIDDLE	Newsome
1 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
1 10 1	t	res, no or unknown)   [IF Yes, GF	VE WAR OR DATES) N/A	Helen H	olmes 2310 Bar	rclay St. 21218
to death certican to observable physics er yes cortempol marion, givening				PIRATURY F	RY ARRECT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Hat you offer of the	B	underlying cause last	DUE TO, OR AS A CONSEQUE	THTIL CH C	F ESOPAAGE	
d of the country of t	NOL		MALNUTRI	ran		
The second	TIFICATI	9-8-86	Ca OF	OPERATION WAS PERFORMED SOPAAGU	S YES NOW IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \text{\baseling} \text{NO} \( \text{\baseling} \)
CLAN of physics of thomas of thomas of thomas of thomas of the control of the of the control of the control of the of the control of the cont	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART ( OR PART ?)
offending the first of the firs	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIA hespital or RECTOR At and for user put of Health hem 21 or ma		220.1 certify that (I) (this hasp	ortal) attended the deceased from 19 0	, and that in (my) (aur) apir	nian death accurred an the date and	that (1) (we) last that and from the causes stated
State of the order		///mm	MA Garage	ATTENDIN PHYSICIA 27e ADDRESS	G MEDICAL STAFF N DIRECTOR PHYSICIAN	5-1-87
O HOSP House of the Control of the C		MANUEL	D CONSALE	2 3300	NORTH CAL	VERT St.
BP	23a 8	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236 DATE 236. N	HAME OF PRESERVOISEMATO King Cemetery	Randallst	to be a second of the second o
DHMH - 16 60M 7/84	24 FU	March Eupora	1 Home 1101 E	North Ave	DATE REC'D. BY REGISTRAR 25 RE	GISTIAR & SIGNATURE



		Per F.H. 5-2	22-87 S.B.			E OF MARYLAND			
4132 HY 211	71 -	FOR state item #1 REGISTRAR	l Film G62	7 DEP		IEALTH AND MENTAL HY ICATE OF DEATH	0 /	4	1 3 5
7 (10) (4)	I. DE	CEASED NAME FIRST		MIDDLE	-	ASI	REG. NO.	ONTH DAY YE	EAR 26 HOUR
noy be poge 3	(TYPE	OR PRINT) Hen	rietta	E.	War	rd	5/16/87		1120 M
fter pe	3. SE		4 RACE		5. DATE (		6. AGE JIN YEARS LAST BIRTHE		DAYS HOURS MIN.
ge 7		Female	White			9, 1909 YEAR	78	YRS	
orth. Po	70. BI	RIHPLACE ISTATE OR FOREIGN Balto. Md.	76. CITIZEN OF		TRY? 8.  MARRIE  WIDOW	DEVER MARRIED DIVORCED	Baltimore City OR		TH
s ofter de	10. CI	TY OR TOWN OF DEATH Baltimore Cit				OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 12b. KI WORKING LIFE) INDU	IND OF BUSINESS OR
MARYLAND 2120		AL RESIDENCE HE NURSING HO TATE HIS BE	ME OR OTHER INSTITUTION OUNTY	13t CITY OR		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / 217 Greens	zip CODE pring Val	ley Rd.
TARY TO SERVICE STATE OF THE S	14.50	THER'S NAME John	MIDDLE	Peter	Son	15. MOTHER'S MAIDEN N Marguer		East	'er
0	160 V	AS DECEASED EVER IN U.S	S. ARMED FORCES?		SECURITY NO.	17. INFORMANT	ADDRES	5	
BATIMORE, Cote be execution and expers. Pages, 17, 11, 11, 11, 11, 11, 11, 11, 11, 11	· (	NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	216-4	6-2612	Mr. George E	B. P. Ward Ov		
Tr. BAL		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly ane cause pe AUSED BY: DIATE CAUSE (a)	r line far (a), (	b), and (c).)			8€1	APPROXIMATE INTERVAL INFEN ONSET AND DEATH
ON S nding carbo or re notice					SEQUENCE OF	1000		<	8 Mos
REST e dep e otte motion troun		Conditions, if any, whice gove rise to immediate	e			ARTANIOSLA	10515		3770)
by the ose representation of the ose represe		cause 10), stofing th underlying cause las	DOL TO, C	R AS A CONS	SEQUENCE OF				
bs, 201	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PA	ART 1(0
OIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requirements of the distributions have signed as the buriel-tronsit permit. Then the ond Mental Hygiene prior to be distributed or them Ill shows any injury and deduct them Ill shows any injury or deduct them Ill shows any injury or deduct them Ill shows any injury or deduct them Ill shows any injury.	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	ITION FOR W	HICH OPERATIC	N WAS PERFORMED	20a AUTOPSY? YES □ NO 🏋	206. IF YES, WERE FIN CERTIFYING CA	
AN: Take Tronsicion of the Tronsicion of Tro		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O		OF INJURY .M. MONTH	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART LORPA	RT 2)
Sicil Sicil	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA	MINER) P	.M.	19	21f. LOCATION			
Also The bond A	MED	21d INJURY OCCURRED  WHILE NOT WHILE THE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, O	OFFICE, FARM ETC )	STREET STREET	CITY OR TOW	N COUN	NTY STATE
Afte of the month		22a. I certify that this I	naspital) attended it	ne deceased f	from Z	UNB 10/00	1 10 MAY	17 19 8	7 that (1) we) last
TTEN Portor for of Ho		saw the deceased aliv abave, (I) (we) (did) (d	e an M145 /6	9		nd that in (my) (our) apınia	n death accurred an the date	e and hour and fra	m the causes stated
OR A DIREC		226. SIGNATURE	1	^		DEGREE	, MEDICAL STAFF		DATE SIGNED
by the Brain		224 PHYSICIAN'S NAME	· Wel	en'	h.	PHYSICIAN  122e ADDRESS	MEDICAL STAFF	AN 🗆	2/12/87
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detail with the State [IMPORTANT: If		MEAAR	W. h	1. lleston	5		WAST'S PAR	my , Ba/	to, Md 7/1/7
OT Shows	23a E	URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION	- L'OHNIA	STATE
BP		SPECIFC Temation	May 1	18,87	Carro	11 Cremation		ead, Md."	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 61	Tine Funeral	Home Re	eistems	town, M	d. 21136	ATE REC'D BY REGISTRAR 24	Sh REGISTRAR'S SK	GNATURE



STATE OF MARYLAND



TZ	ATE	OF	AA A	DYI	AND

		.0	- 9
	4	1	3
DEC NO			

	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.											
4		CEASED NAME FIRST OR PRINT)		J.	Wa	red		3	MONTH DA	87	26 HOU	36 M
	3. SEX	Male	4 RACE Whit	hite S. DATE OF BIRTH			EAR	AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	HOURS	MIN.
2		OUNTRY)	76 CITIZEN OF	WHAT COUNTR	MARRIED WIDOWE	NEVER MARRI	ED 🔲	City		OF DEATH	Æ	MD.
3	)0. CI	TY OR TOWN OF DEATH  Baltimore				eral Hosp.		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	126 KIND C INDUSTRY	F BUSINE	SSOR
5		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		Baltim		13d. INSIDE CITY LI	MITS?	STREET APPRESS	ZIP CODE	treet	21218	
À	14 FA		MIDDLE	LAST		15. MOTHER'S MAI		MIDDLE		1/45 1/- 7 7 7	ī	
-	16a V	Edwin Vas deceased ever in u.s. ar	MED FORCES?	Ward	CURITY NO.	Grac 17 INFORMANT	:e	ADDRI	SS	Kelly	-	
	(1		WAR OR DATES)	214-18-	6901	Mr. Edwa	ard Wa	ard 3013 R	selaw	a Ave.		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y ane cause per D BY: E CAUSE (a)	r line for (a), (b),	pulm	rung a	nes	+ o'n		APPROX BETWEEN	MATE INTER ONSET AND	DEATH
		Canditians, it any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(b)	R AS A CONSEC	OUENCE OF	NOT RELATED TO T	HE TERMIN	enjarn anlih	5 20	10	0	
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED		20a AUTOPSY?	IN CERTIFY	WERE FINDI	OF DEAT	H?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			DAY YEAR	21c. HOW INJURY	OCCURRE	YES NO DO CENTER NATURE OF INJU	YES		NO [	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET		CITY OR TO	WN	COUNTY	5	TATE
		220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	512	-57 19	6	od that in (my) (aur)	apinian de	eath accurred an the d	ate and have	and fram the		
			0	· h		PHYS	IDING KIAN	MEDICAL STA	IAN [	5/2	318	7.
		22d PHYSICIAN'S NAME (TYPE O	RPRINT)  1-SHA	Н.		Ban	Jone C	LANCO C	2.	515	18	
	(	Burial, CREMATION, REMOVAL SPECIF Burial	May 2		R NAME OF C	emetery or crem nedral		Baltimo:		Mary:		TATE
	24. FU	INERAL DIRECTOR Leonard J. I	Ruck Inc	e. Baîti	more, 1	Maryland	MA	Y 27 1987		AR'S SIGNA		oct.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transment of with the State Dept. of Health and Mental Hydlene price.

IMPORTANT: If Hem 21 is marked or Hem 18 the

mer Magnetti f f Fig. and conference and for a care as the first trade

September 10 to 10

5	2 7 5 0 MV =		FOR STATE REGISTRAR			DEPARTM	MENT OF I	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO		4 1	3 8
0 1	ge 3		ECEASED NAME DE OR PRINT)	PIRST DRIS	Mar	garette	VAR	FIELD	20 DATE O	PDEATH	MONTH	DAY YEAR	26 HOUR 35
	ge 4 mo)	3. SE	Fema	ale	4 RACE	White	S. DATE (		6 AGE (IN	EARS LAST BIRT	HDAY)	IF UNDER TYEA	
	deoth. Par	#1 B	RITHPLACE (STATE OR F COUNTRY) Md.			SA	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Teg	timo:		of DEATH	MI
201	is often	B	altimore		(IF NOT IN S	int Agne	S HO	spital	170. USUAL (TYPE OF WOR HOU	OCCUPATION		LIFE) 126 KIND INDUSTR' HOM	of Business of emaker
AND 21	n 24 hou		Maryland	TUE COUN	al to.	on give residence before 13t. CITY OR TOWN Lansdow	N	13d INSIDE CITY LIMITS?	13. STREET 912	ADDRESS Niag	ara	Court	, 21227
MARYL	red within	2	Harry		MIDDLE	Freez	е	15. MOTHER'S MAIDEN N		WIDDLE		Cauli	flower
BALTIMORE, MARYLAND	be execu		WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		MED FORCES? VE WAR OR DATES)			Ruth W. Westfall	7981 Glen	AP8		reek Md.	
S, 201 W. PRESTON ST.,	ires that the death certificated by the attending phan please remave carbon phanial, cremation, ar remainty, or other traumatic ever	7	Conditions, if any, gave rise to imm couse (a), stating underlying cause	which nediate g the	DUE TO:	OR AT CONSEQUE	NCE OF	at herosal	Parosi	E OR COND	MDON G	IVEN IN PART	ra e
AL RECORD	The law required in the law required in the law required in the law sens in the laws only in the law sens in t	CERTIFICATION	190, DATE OF OPERAT	ION	196 CON	DITION FOR WHICH	OPERATIO	n was performed	200 AUTO	NO [	IN CERT	ES, WERE FIND IFYING CAUSE (ES CAUSE	INGS USED S OF DEATH?
DIVISION OF VITAL RECORDS,	O HOSPITAL OR ATTENDING PHYSICIAN; T standed by the hospital or attending physicial OF EUNER, this certificate or EUNER of the certificate with the State Dept of Health and Mental HyginwoPRIANT; If them 21 is marked or them 18 sh	MEDICAL CEI	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTWH AT WORK AT WOR  22a. I certify that (I) Sow the decease obove (I) (we) I d  22b. SIGNATURE  22d. PHYSICIAN'S NA	AUSE OF DEAL EXAMINER RED  THE THE TOTAL RED  THE T	The HOUR AND		19 37,00	PHYSICIAN 22e ADDRESS	Z., to	d on the da	te and ha	COUNTY	state  that (I (we) ast e causes stated E SIGNED

MCCully Funeral Homes Balto., Md.21225

Burial

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

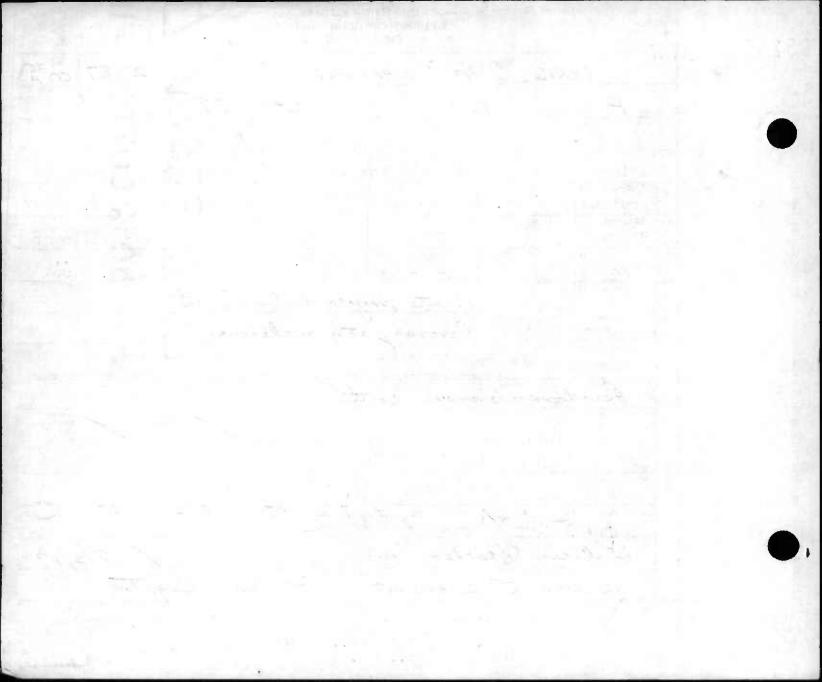
Loudon Park Cemetery

23¢ NAME OF CEMETERY OR CREMATORY

234 LOCATION ry Baltimore, Comparyland

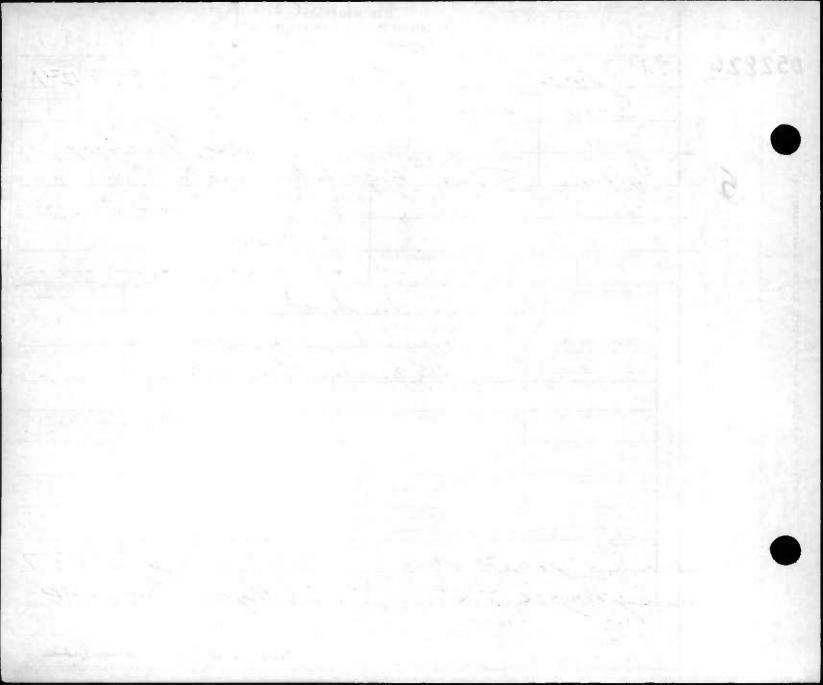
Sie Diorden Parles

BP. DHMH - 16 50M 1/81 (VRA 15, 4)



	1	FOR STATE			EALTH AND MENTAL HYG	IENE AND THE	1 4	1 "	2 0	
	<b>"</b>	REGISTRAR Ani	na Blanche W	arrelli	ICATE OF DEATH	3 REG. N	10.	2	2 7	
114		CEASED NAME FIRST	MIDDLE	,	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	. HOUR	
1111	100	Anno		w	arren		54	87 V	22/11	
	3 SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UP		UNDER 24 HRS	
		Pemale	White	WUNTE	/26/93	93	YRS MONT	HS DAYS HO	OURS MIN.	
34		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
1		Hawaii	USA	WIDOWE		Re	Luce	Cik	M	
100	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME C		12a. USUAL OCCUPAT		26. KIND OF BI	USINESS OF	
L	0	Kalt meine	Singi	HOCK POR	Dita/	Domestic		Hopkin	ns Ho	
50	130 130	AT RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
X	)	Md.	- Bal		YES TO NO	5020 E.		n St.	2120	
		THER'S NAME	MIDDIF LAST		15. MOTHER'S MAIDEN NA	ME				
X	Ge	eorge Fraine	WENTE FEET	-	Maria Unkr	nown		LAST		
4	16a \	VAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDR	ESS			
/	No	VAS DECEASED EVER IN U.S. AI yes, no or unknown) (15 yes, GI	VE WAR OR DATES	8-9053	Fraine J.	Warren,	Sr. (so	n) sar	ne ad	
		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b)	nnd (c)			T	APPROXIMAT BETWEEN ONSE		
		PART I. DEATH WAS CAUSI	D BY:	ardiac	Anat			BETWEEN ONSE	ET AND DEATH	
		IMMEDIA	TE CAUSE (0)	J CJ.ac	27.1793			-	-	
			DUE TO, OR AS A GONS	EQUENCE OF	1 /11					
		Conditions, if any, which gave rise to immediate	(b) // //	poten.	7104/14	00419				
		couse (o), stoting the	DUE TO, OR AS A CONS	OUENCE OF	1 2		1			
7		underlying couse lost.	(c)	5010	ation ofre	ununia				
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 10		
		NO NO								
1		190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE			
1	E					YES NO	YES [		NO	
	Ü	210. ACCIDENT WAS UNDERLYING		DAY VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)		
49	¥	OR CONTRIBUTING CAUSE OF DE		DAY TEAR						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION					
	X	WHILE NOT WHILE	AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	OWN	COUNTY	STATE	
		AT WORK AT WORK	ital) attended the deceased fr		10		10	-1		
					nd that in (my) (our) opinion o	denth occurred on the d	loto and have one		t (I) (we) lo	
			it) view the body after death.			acom occorred on me d	ore one noor one			
		726 SIGNATURE	- +		DEGREE ATTENDING	MEDICAL STA		22c DATE SIG	NED	
		0659	rage m	0	PHYSICIAN [	DIRECTOR PHYSI		3-4.	-01	
1		274 PHYSICIAN SOLDANE COM	alle -		22e ADDRESS	11	1211	,		
		Drings.	te 9065		Sing 1	losoda/	Detin	cah	10	
	27a. I	URIAL CREMATION REMOVAL	23h. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION				
		Bruial	5/8/87	Meadow	ridge Mem.P	k Balto		UNITY	STATE	
0.4	24 F	ochiomanek Fur		Inc.	25a DATI	E REC'D. BY REGISTRAR		SSIGNATURE		
/84		331 Brehms I	ane Ralto	PW 523	21213 MA		Julia Dan			
	-	SOLT DIEITHS I	dane, Darto.	, Ma.	41413		Υ	-		

STATE OF MARYLAND



executed within 24

STATE OF MARYLAND

1 - STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	8 / REG. NO	14140						
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR						
(TYPE OR PRINT) Sara	th Sally Jane	Warren	May 10, 19	$2:10 \ P_{M}$						
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT							
Female	Black	3 5 1894	93	YRS MONTHS DAYS HOURS MIN.						
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City of							
Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACILITY, GIVE STREET MATYLAND GOT	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF FOR MOST OF HOUSEWIfe	DN 126 KIND OF BUSINESS OR						
UAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CC	e OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13t. CITY OR TOW Balto		130 STREET ADDRESS	Zigcopfil Pave.						
14. FATHER'S NAME FIRST LUNKA	MIDDLE LAST	15. MOTHER'S MAIDEN NA	A MIDDLE	Cdbbs						
160 WAS DECEASED EVER IN U.S. (YES, NO OF UNKNOWN) (IF YES,	ARMED FORCES? 16b. SOCIAL SECU	Mrs.Alma A	nderson 17							
	gave rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF									
NONE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap \)						
OR CONTRIBUTING CAUSE OF	216. ACCIDENT WAS UNDERLYING DO COURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  218. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  219. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART LOR PART 2)									
220 I certify that A (this has sow the deceased alive above, M) (we) (did) MM 22b SIGNATURE	226 I certify that X (this hospital) attended the deceased from May 4, 19 87, to May 10, 19 87, that X (we) last sow the deceased alive on May 10, 19 87, and that in (nX) (our) opinion death occurred on the date and hour and from the causes stated above, XI) (we) (did) XX XX (view the body after death.									
230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY butus Mem. Park	236 LOCATION City OR TOWN APOUTUS	COUNTY Md STATE						

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eshauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the haspitol or

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked at them 18 shows any

Chatman Marris 1701 MCCullon Street

250. DATE REC'D, BY REGISTAY 256 of GISTRAS SIGNATURA COMMENT AND AND STREET OF THE ST

Was Clarkers Will was as and and A soluborist about the first fitting arms at

STATE	OF	MARYLAND	
21711	VI.	IMPRICATION	

REG. NO.	8	REG. NO.	1	4	1	4
----------	---	----------	---	---	---	---

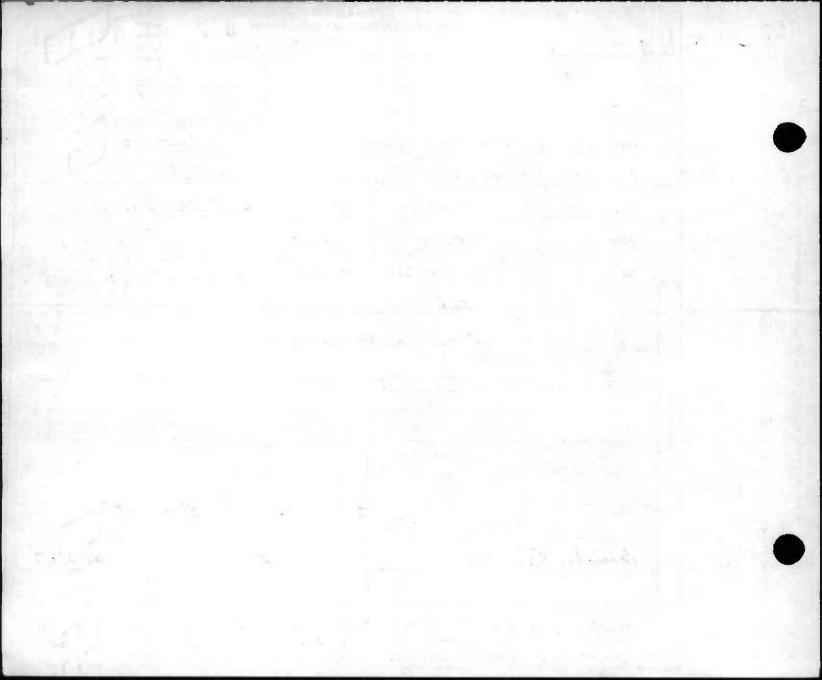
3701 ESY	18	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYO	SIENE 8	REG. NO	-	41	4
. 84	I. DE	CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		2ª DATE OF		NONTH DA		2h HOUR
may be pogeter deat			Eva		TT-A	Wate					13	87	
ge 4 mo	3 SE	x Female	4	White		5. DATE C	PERTH DAY	01		YEARS LAST BIRTH		ONTHS DATS	HOURS /
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Austria					what COUNTR	AAADDIE		MARRIED D		RECITY OF			
by the fu	10	ITY OR TOWN OF DEA Baltimo		(IF NOT IN SUC	HOSPITAL, NUR CHEACHITY, GIVE STR Memoria	REET ADDRESS)		STITUTION	TYPE OF WOR	OCCUPATION FOR MOST OF LEMARE 1	WORKING LIFE)	126 KIND OF	BUSINESS
filled in	13a S	AL RESIDENCE (IF NURSI STATE MD .	136 COUNT		GIVE RESIDENCE BER 134. CITY OR TO Baltin	NWC	13d. INSIDE YES XX	CITY LIMITS?	13. STREET 4913	ADDRESS / Haddo		. 2120	07
within	14. F/	ATHER'S NAME FIRST	ME	DOLE	LAST			S MAIDEN NA		MIDDIE		LAST	
1 1562		John			Kraushai			therine				Stert	Z
xecu ges dicol		WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES?	166 SOCIAL SE			Mr.					
S. Po		no			220-54-	-9368	4913	Haddon	Ave.	Baltin	nore,		1207
es that the dec ned by the atte pleose remove unal, cremation , or atter trour		Conditions, if any, gove rise to imm couse (a), statinunderlying cause  PART 2 OTHER SIGN.	nediote g the last.	(c)_	R AS A CONSEC	QUENCE OF	OF. C.		INA! DISFAS	E OR COND	ITION GIVE	N IN PART 110	
s been sign smit. Then prior to bu	CERTIFICATION	19a DATE OF OPERAT			ITION FOR WHI				200 AUTO	Taylo	20h IF YES,	WERE FINDIN	
The con.	RTIF						Vana		YES 🗌	NO	YES		NO 🗌
SICIAN:  g physic  certificat  riol-tran  ental Hy  frem 18 s		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH		M. MONTH	DAY YEAR		NJURY OCCUR	RED (ENTERNA	ATURE OF INJURY	IN ITEM TB. PAR	T I OR PART 2)	
offending offending offer this as the bund M h and M wrked or	MEDICAL	21d INJURY OCCURR	ILE		OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	21f. LOCAT	ION ET		CITY OR TOW	M	COUNTY	51A
spitol or CTOR: A Ifor use of Healt		220.1 certify that (1) sow the decease abave, (1) (we) (d	d alive on_	5/13	19	0 -	d that in (my	, 19 <u>86</u>	, ta death occurre	5/1 ed on the dat	3 19 e and haur		hat (1) (we auses state
y the ha tal DIRE detoched ate Dept		22b. SIGNATURE	H.K	el, r	10.		DEGREE	ATTENDING PHYSICIAN (	MEDICAL DIRECTOR	STAFF	an 🗌	224. DATE S	3/8-
etoined by TO FUNER, should be d with the Sto		22d. PHYSICIAN'S NA	AME TYPE OR F	PRINT)			22e ADDRE	SS					
of of start of the	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		It. NAME OF C			23d. LOC	OR TOWN		COUNTY	STAT
D.D.		(SPECIFY) Rurial		5/16	/87 IT	Drust d D	idaa C	omotors	D-11	001711	a Ra	Itimor	a MT

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 5/16/87 Druid Ridge Cemetery Pikesville Baltimore MI

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRARY SA REGISTRARY SIGNATURE

8728 Liberty Rd. Randallstown, MD. 21133 MAY 1 4 1987



053556 MY

GREGOR

PER MR.

SMYTH

DR D.

MED

NON

RELEASED

FOR DEPARTMENT OF HEALTH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3	REG. NO.	4	1	4	6
0000		 			-

	REGISTRAR		CENT	ITICATE OF DEATH	REG. N	0.	1 1 64
	ECEASED NAME FIRST	MIDDL	E	LAST	20. DATE OF DEATH		EAR 26 HOUR
.0	CALVIN		TaJΔ	TERS	MAY 11.	1987	7.504
SI		4 RACE	5. DATI	E OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	MALE	BLACK	MOI	7 5 12	7.4	YRS	DATS HOURS MIN
w. E		Th CITIZEN OF WHA	AT COUNTRY? 8		9 BALTIMORE CITY O		тн
	MD.	U.S.A		RIED NEVER MARRIED DIVORCED	BALTIMORE	CITY	. N
0 0	TITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b K	ND OF BUSINESS O
p	ALTIMORE		CHITY, GIVE STREET ADDRESS)	NS HOSPITAL	(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDU	STRY
ISI	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSIO	N)			
	STATE 13b COUN	ТҮ 13с.	Baltimore	YES TO NO	13e.STREET ADDRESS	Lanvale	21213
_	ATHER'S NAME			15. MOTHER'S MAIDEN NA		Lanvare	61213
J	OSEPH	AIDDLE TA	ATER	EVA	MIDDLE	n.	AVIS
60	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO		ADDRE		TATO
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	#217-09-0	0624 MARIE	WEST 2236	E LANV	VALE ST
-	18 CAUSE OF DEATH (Enter on			VI HARLE	WEST 2236		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT O		RIBUTING TO DEATH B		20g AUTOPSY?	20b IF YES, WERE F	INDINGS USED
THE	ALC: U	1 4 5			YES NO	IN CERTIFYING CA	NO [
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY YEA		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	RT 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF II	NJURY 19	211 LOCATION			
M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC )	STREET	CITY OR TO	WN COUN	TY STATE
	220.1 certify that (I) (this haspin saw the deceased alive an abave, (v) (we) (did) (did not 22b. SIGNA			and that in my lour) apinian DEOTE ATTENDING PHYSICIAN	death occurred an the do	22c	the (I) (we) lo
	22d. PHYSICIAN'S NAME TO S	TEON		22e ADDRESS DEDT OF EME	-		JOHNS H
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	1376-11				CHILOKIOAN	COUNTY	STATE
	BURIAL	5-15-8	7 CROV	VNSVILLE.	CROWNS	SVILLE	MD.

1101 E. NORTH AVE

DHMH - 16 60M 7/84 (VRA 15, 4) MARCH FUNERAL HOME

FOR 1 - STATE REGISTRAR	D	STATE OF MA EPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGIEN	1E 8 7 REG. NO.	1414
I. DECEASED NAME	FIZabeth Whe	ns Watk	ins	DATE OF DEATH MONTH	28 87 8
1 SEX	4. RACE	V 33	DAY YEAR	75,	MONTHS BATS HOURS
Mary Car	nd USA	MARRIED UNI	DIVORCED	BALTIMORE CITY OR COL	UNTY OF DEATH
Bultim	THE CONTROL OF HOSPITAL, IF NOT IN SUCH FACILITY OF	NURSING HOME OR OTHE		USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK	RING LIFE INDUSTRY
USUAL RESIDENCE (IF NO	IRSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 13b. COUNTY 13c. CITY		/	STREET ADDRESS / ZIP	11701
GIL G	at Middle Wee	LAST S	THER'S MAIDEN NAME	WIDDLE	Callert
160 WAS DECEASED EVE		38-3851 \ 1	OHN WOW	sems 2016	Forest Dri
	mmediate ) ting the DUE TO, OR AS A CO	on sequence of 1991	decube		weep weep
190 DATE OF OPER	TATION 196 CONDITION FOR	N. avo hte	PERFORMED		IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEAT YES NO
21a, ACCIDENT WAS LED OR CONTRIBUTING LETTER NOTIFY ME 21d INJURY OCCU	CAUSE OF DEATH HOUR A.M. MON	TH DAY YEAR	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITE	
WORK NOT	WHILE AT HOME, STREET, FACTORY (AT HOME, STREET, FACTORY (AT (this hospital) attended the decrease	Y, OFFICE, FARM, ETC.)	STREET 19 8 7	CITY OR TOWN	(OUNTY )
sow the dece	osed olive on 3/18 (did) (did not view the body ofter deal JR. Gladue	DEGREE	ATTENDING	oth occurred on the dote on  MEDICAL STAFF  DIRECTOR PHYSICIAN [	d hour and Irom the causes str
The HURIAL CREMATION		23c NAME OF CEMETER	802 Fultru RY OR CREMATORY	17LACE 23d. LOCATION CITYORTOWN	BALTIMONE DEGINTY
24 FUNERAL DIRECTOR	June 2, 1987	HNN APOLL	S1 / 1 250 DATE R	AUTEL EC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

Home 1922 Forest Dre 111N

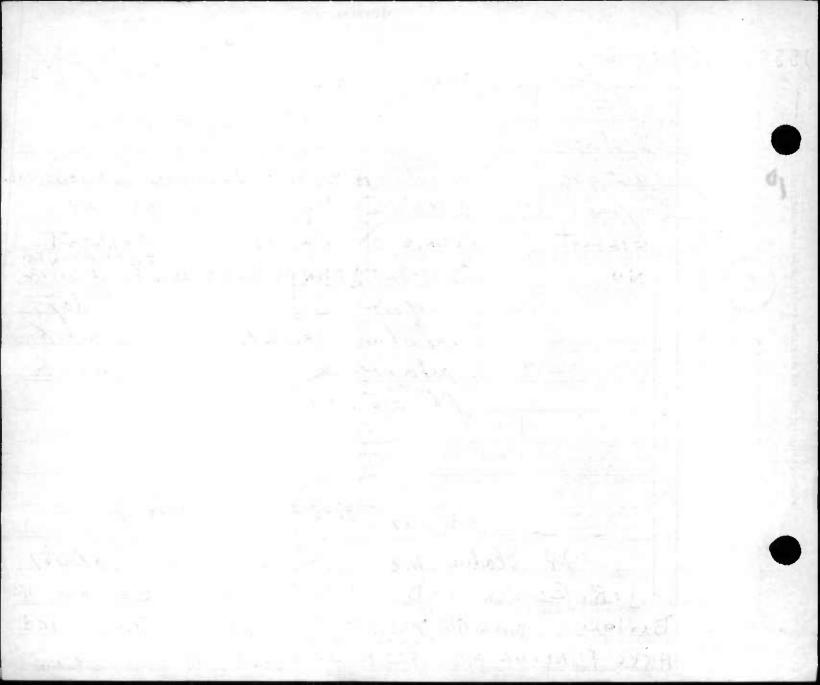
1987

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been should be detacked for use as the businest contract permit.

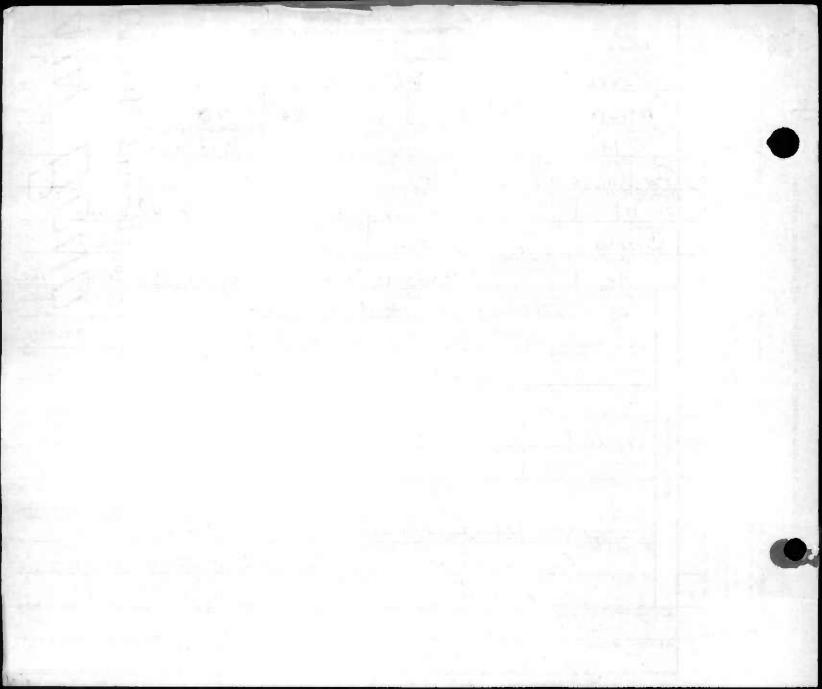
FUNETAL

(VRA 15, 4)



## STATE OF MARYLAND

Tr.C.	0-12	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
0.3	JJ I D MAY	CERTIFICATE OF DEATH
5.35		1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	5 7 E	[TYPE OR PRINT] EVERETT F. WATEINS 5/9/875 9 87 2:45p
-	6 6 6	1 SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR.
5	1 200	MALE BLACK MONTH DAY YEAR 52 YRS MONTHS DATS HOURS MIN
-	1 1 1 TOL	RIPTHOLOGE CLASS OF COLORS
	4 35 3	COUNTRY! Md USA WIDOWED DIVORCED & Baltimore City N
7	4 15 1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120 KIND OF BUSINESS O
5	1 1296	Baltimore Liberty Medical Center Disables INDUSTRY
2	1 1 1	USUAL RESIDENCE (IF NUR NIGH I MARE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  130. STATE  130. STREET ADDRESS / ZIP CODE  2/2/7
AND	7 18 P	136. STATE 136 TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS ZIP CODE 180. STATE 130. STATE ADDRESS ZIP CODE 180. STATE ADDRESS ZIP CODE 180
KA.	4 47 1	14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  FIRST, MIDDLE, 1451.
MA	1 11/00	Charles H. Watkins Nannie Frunklin
W	1 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
IIWO	1 10 1/	NO NO 100 100 100 100 100 100 100 100 100 10
BAL	the state of	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
12	1 6011	PART I. DE ATH WAS CAUSE (0) Gram negative Sepsis
N N	9 000 0	DUE TO, OR AS A CONSEQUENCE OF
EST	decit decit	Conditions, if any, which ( 1) Small and large bone our you
- GK	4 4 5 5 5	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
3	to the state of	underlying couse lost. (c) Superior and underjevier mesenteric auting occlusion
20	e Pala	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
808	A TO THE PERSON NAMED IN COLUMN NAMED IN COLUM	1 Liver Circholis and Status post Fractured hip
00	1 1111	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
18	26 241 6	1 5/8/87 aude and omen garfrage to VVES NOW YES NO NO
E A	Z 5 5 5 6 70	21g. ACCIDENT WAS UNDERLYING A 216 TIME OF INJURY 216 HOUR A.M. MONTH DAY YEAR
ö	54 152 17	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19
NO.	Mary Mary Mary Mary Mary Mary Mary Mary	214 INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION
VIS	St still G	MHILE NOT WHILE AL WORK AL WORK
0	A STATE OF S	22a   certify that (IV) This hospital) attended the deceased from 4/70/1987, to 5/9/1987, that (IV) (we) to
_	# 6 P # 27 7 7	saw the deceased alive an 3/9/82 19/22, and that in (my (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death.
.01	AP WINE	226. SIGNATURE DEGREE 220. DATE SIGNED
1	41 4185	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
	P S T A	27d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS (in entry heart)
	D HOS	ZN. LAHIJI Bolto, Nel 21215
	55 5213	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY AMAIS
	BP	Burial 5/15/87 Mt Auburn Cemetery Baltimore County Md
	DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR  NAME  ADDRESS  ADD
	(VRA 15, 4)	Wm. No. March F/H West 4300 Waßash Avenue MAY 14 198/



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hay writing the page 4 may be etioned by the haspital or attending physician.	ha wetting eath. Page 4 may	pe
O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely lifes to the legal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should in the life in the life with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	n transportation of the contract of the contra	eath a

DHMH - 16 60M 7/84

(VRA 15, 4)

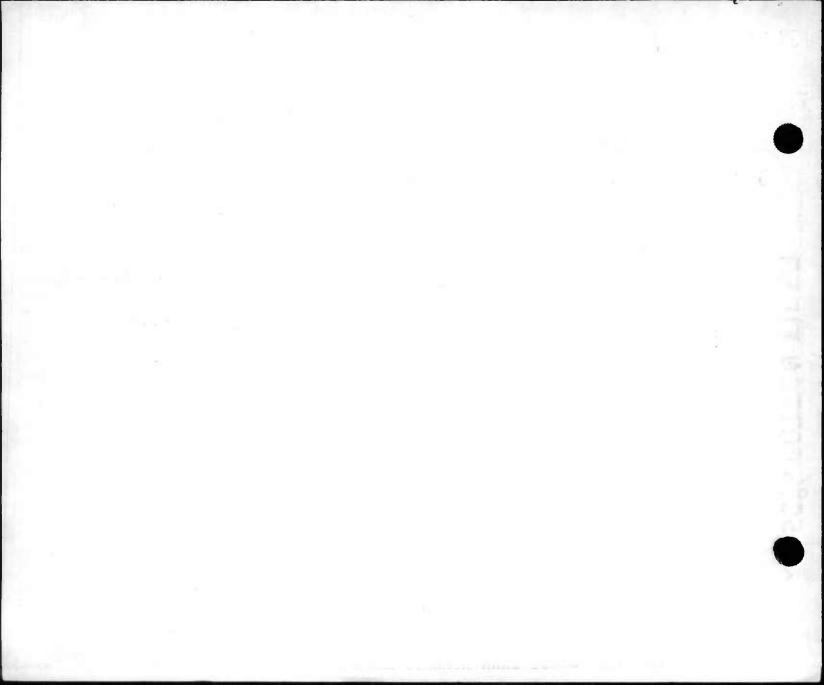
## STATE OF MARYLAND

TAL HYGIE Th	B	7		1	4	1	4	2.1
ın	:1	91,	REG. N	10				
	20 DA	TE OF D	EATH	MONTH	DAY	YEAR	2 h	HC

	J - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS / 4 1 4 5 REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENS / REG. NO.							2				
		CEASED NAME FIRST OR PRINT) HENR	IETTA.	wi	ATKINS	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR P						
9	3. SEX		4. RACE S. DATE (			6 AGE INVEARS LAST BIR		IF UNDER 24 HRS HOURS MIN.				
7	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?		ED NEVER MARRIED							
1		RESTVILLE, N.	CAR. U.S.A. WIDOWED DOWNCED [  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION    IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			BAITO CTTY  120 USUAL OCCUPATION 120 KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
0		BALTO.	LIBERTY MED	. CE	NTER		N/A					
5	13a S	AD.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALTO.		136 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS A	The second second	RYAVE.	21229			
pro.	14 FA	THER'S NAME FIRST TATTETAM DE	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	MIDDLE		LAST				
		WILLIAM PURNELL  WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  ADDRESS										
	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO N/A 216-09-5780 WILLIAM WATKINS 268 S. MONZ								Y AVE			
29	CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  ATRIAL PART 1 ON THE PROPERTY OF THE PROPERTY OF THE PART 1 ON THE PAR										
	Œ	90 DATE OF OPERATION . 196 CONDITION FOR WHICH OPERATI			ON WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES YES NO YES NO C						
	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D.	AY YEAR		ED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)				
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21# PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC ]	211 LOCATION STREET	CITY OR TO	MM	COUNTY	STATE			
		27e I certify that (1) (this hospital) attended the deceased from 19 that (ii) (we) last saw the deceased alive an 19 that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) rokal) (did not) view the bady after death.										
		226 SIGNATURE  Oreta 41) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF										
		AMSA CH		TA	CIBERTY I	MEDIEAL	CEN	TEN, 1	BACTO			
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	736. DATE 23c 1		CEMETERY OR CREMATORY YLAND NAT. (	23d LOCATION CITY OF TOWN CEM. LAUA		OUNTY MARYLA	STATE ND			

24 FUNERAL DIRECTOR

LEROY O. DYETT 4600 LIBERTY HEIGHTS



10

村	fter death. Page 4 may be	the funeral director, page I within 72 hours after deat
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	deoth certificate be executed within 24 hours of	e ottending physicion and completely filled in by the nove corbonpapers. Pages I and 2 should be filled ation, or removal.
DIVISION OF VITAL RECORDS, 201 W. P.	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I land 2 should be filled within 72 hours ofter deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

053519 MAY

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0

1- STATE REGISTRAR				DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2	-	1
				MIDDLE I AST			2a DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE OR PRINT) ROLAND (ROLLA			AND )	ND)		VATKINS	MAY	11,	1987	9:00 M
3 SEX 4 RACE			Difference of	5. DATE C		& AGE LIN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS	
	male		black		7 22 1924		62	YRS		MIN.
	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
	Md	1	US	S A WIDOWE		/\	Baltimore city			MD.
(IF NO			(IF NOT IN SUC	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS) CCH HOME HOSPITAL			Retired   12th USUAL OCCUPATION   17th KIND OF BUSINESS OF ROTTO   Retired   Arifico Steel			
	AL RESIDENCE (IF NURSI STATE Md	I W COUNTY	ER INSTITUTION	136. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS?	134.STREET ADDRESS / 2114 Mead	ZIP CODE OWV1 EW	Road	21207
4. F.A	THER'S NAME	MIDI	DIE	IS. MOTHER'S MAIDEN NA						
	Andrew	MIDI	DIT.	Watkins		Eva	WIDDLE		Crippen	
60 WAS DECEASED EVER IN U.S. ARMED				16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE			
(	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	216-18-4	101	Bernett Watk	ins 2114	Meado	wview	Drive
	PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE STOMACH AND  IMMEDIATE CAUSE (a)  Conditions, 'if any, which gove rise to immediate couse (a), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  METASTASIS  DUE TO, OR AS A CONSEQUENCE OF									
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	190 DATE OF OPERATION 196 CONI			DITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? YES NO[X	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ NO			
	OK CONTRIBUTING CAUSE OF DEATH			DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T FOR PART 2)	
MEDICAL				ACE OF INJURY AE, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET CITY OR TOWN COUNTY			COUNTY	STATE
	220 I conify that (I) (this hospital) attended the deceased from MAY 07, 19 87, to MAY 11, 1987, that (I) (we) lost the deceased alive on MAY 11, 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated									
	the deceased alive on MASY 19 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated that is a part of the body bitter death.  DEGREE 1216 DAJE (IGNED)									
	atlu	Jeg	lille	10%-		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IANAI	5/	11/87
	774 PHYSICIAN'S NA	WHE THE ONLY	Helf)			27e ADDRESS CHUF	CH HOSPIT	AL CO	RPCRA	TION
						100 N. BROADWAY BALTIMORE. MD. 2123				

BP.

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

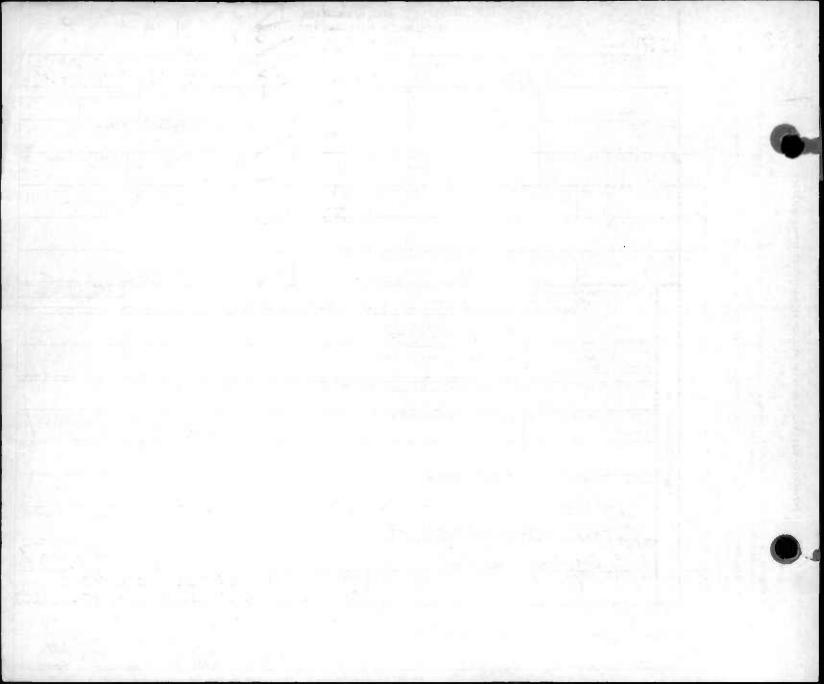
230 BURIAL, CREMATION, REMOVAL SPECIFY BUrial 236. DATE 5/15/87 23c NAME OF CEMETERY OR CREMATORY
Dulaney Valley

TOWS ON

COUNTY

Md

Wm. C. March F/H West 4300 Wabash Avenue



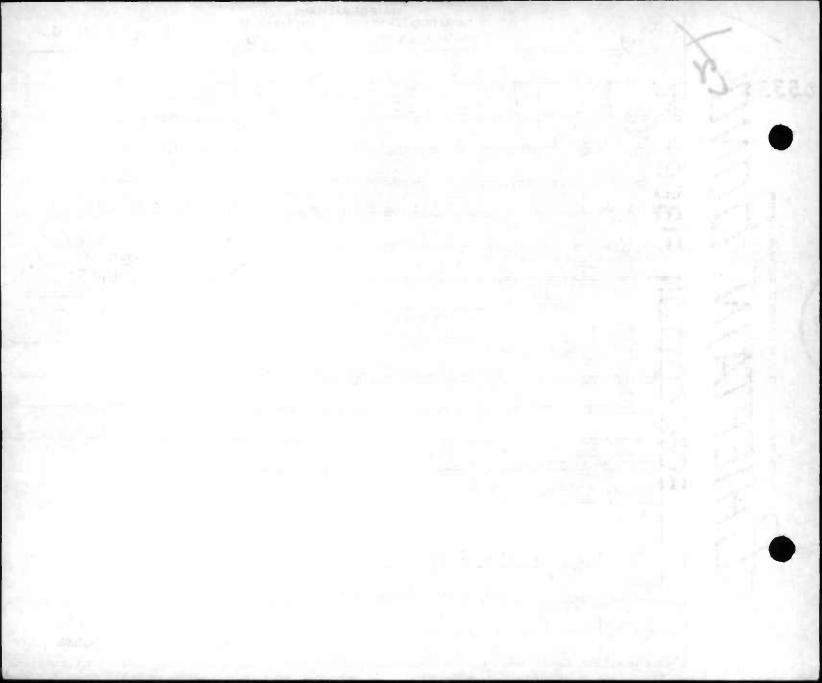
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH U REGISTRAR 1 DECEASED NAME 2 DATE KNOWN 25 HOUR (TYPE OR PRINT) OF EST1 FELAY IS NECESSARY, PLEASE
TO THE FUNKRAL DIRECTOR.
TO THE FUNKRAL DIRECTOR.
TO PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HQURS. Watson DEATH MATED XX Sheila 1987 Scott 3 SEX 4 RACE DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE 3:59P YEAD LAST BIRTHDAY PRONOUNCED DEAD Female Black 29 1987 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City WIDOWED 126 KIND OF BUSINESS ID CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE (1F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1341 Stockton Street Baltimore 0 BE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1116 Poplar Grove St. 21215 Md. Balto YESK 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS PAGES (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 1116 Poplar Grove St. GIVE 24 HC. ITEM 18. GIVE DIVISIO Joe M. Scott. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO **FUNERAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR JO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Blunt trauma of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 87 CONTRIBUTING CAUSE OF DEATH Subject assaulted 71e PLACE OF INILIRY 214 INJURY OCCURRED 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE 1341 Stockton St vacant house Balto. MD 22a. I certify that I took charge of the remains described above, held an Hamicide X Suicide death resulted from: Notural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 4/30/87 MnAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT 23s BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 5/9/87 Landsdown, Md. Mt. Zion Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm C March F/H West 4300 Wabash Ave (VR A15 ME (5))

LI IDITA

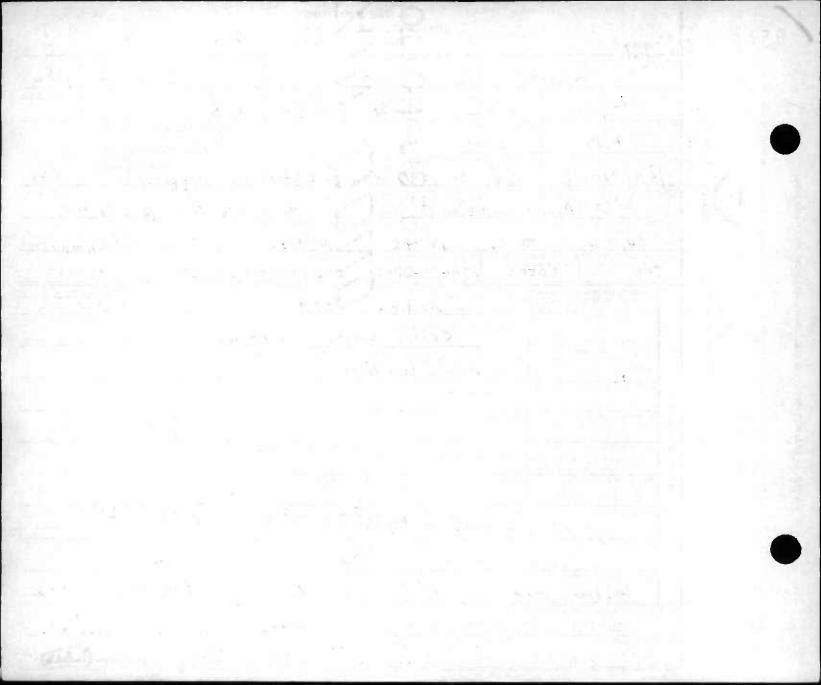
Seute

1

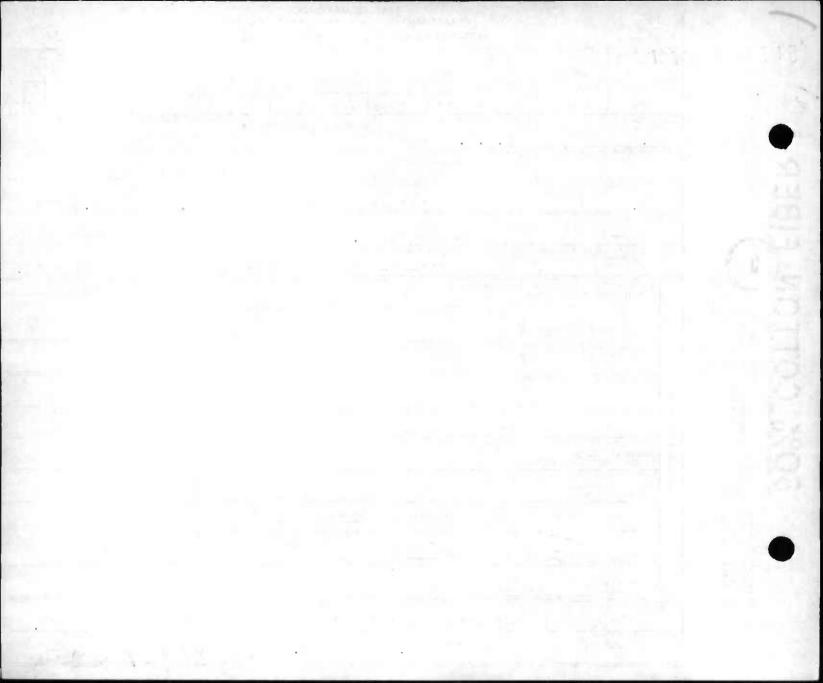
vacant neute 1.41 descret But helbe.



					OF MARYLAND			
Onsiena.	1.	FOR STATE			EALTH AND MENTAL HY	GIENE 8	4	1 4 9
	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O.	
		OR PRINT)	MIDDLE	i	AST	20. DATE OF DEATH	MONIH DAY	YEAR 26 HOUR
1 25	11111	Kobe	rt 100	116	1 Hc		5 25	87 1150.
1 00	1 SE		1. RACE	5. DATE C	E RIDTH	6 AGE (IN YEARS LAST BI		RIYEAR IF UNDER 24 HRS
21 7 31	J.C.	A // -		MONTH	DAY YEAR	- AGE (INTERNSTRATION	MONTHS	BATS HOURS MIN.
B 9 5	1	10 ale	White C	4	25 29	58	YRS.	
A 32 82		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH
もにオフ		MD	USA	WIDOWE	/		trmos 6	2 City MD.
1 34	II/C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPAT	ION 12b	KIND OF BUSINESS OR
_ 100	1	Daltanio	(IF NOT IN SUCH FACILITY,	non n	- CO 1	(TYPE OF WORK FOR MOST		DETRY GM
2 2 2	10511	AL RESIDENCE HE NURSING HOME	MUNIV. CT		ancer Conte	Pipe Ti	tter	Tutoparts
2 多 1 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13o. S	STATE 138 COL	INTY 13c CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		21001
NA THE TANK		MID Ann	e Arundel Gler	2 Buinie	YES NO SK	916 Su	my A roc	12 DR
LI TE TO TO	14)F	THER'S NAME			15 MOTHER'S MAIDEN N			
AAR Dong		11/11/11-11-11	MIDDLE	brate	110115	e May	CI	AST AST
E. S. Co.	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDR	ESS	chowin
ond oge	1 4	(ES, NO OR UNKNOWN) (IF YES C	orea 216-	-34-0242	Mana Mad	~ NE 1.10++		- 1117
S. P.		L C D	0160 210	- 74-0242	Mrs. Mad	ge M. Watt		as #13
BAI core		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line far to	a), (b), and (c).)	24			APPROXIMATE INTERVAL SEI WEEN ONSET AND DEATH
Tr., B.			ATE CAUSE (a)	ardiac	Arrest			2-5 min
N S				DISCOURNCE OF				
deoth deoth strong our of ton, o		Conditions, if ony, which	DUE TO, OR AS A CO	evere	Corman ar	tem disease		
and	10.7	gove rise to immediate	(b)			101/14/2007		
W. I hot the by the server other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	1 1			0.00	
o the d			( 10) Acu					
S, 2 uires igne en p bur	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART lia
OR request	CERTIFICATION							
ECC Print	13	19a DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED
he lo on. hos ow	E					YES NO	YES 🗍	NO [
ISION OF VITAL R THENDING PHYSICION. THIS CERTIFICATE HOS THE BUTGLITTONS TO BE AND AMENICAL HYBICATE THE CALL OF HEM 18 SHOWS	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
A OF VIII		OR CONTRIBUTING CAUSE OF D						
PHYSICIAN: PHYSICIAN: ending phys this certifico the buriol-tro d Aentol Hy d or them 18	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJUR	19	211. LOCATION			
PH he th	WEI		(AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OF TO	)WN CO	UNTY STATE
DIVIS or otter After the os the olithone morked	1	AT WORK NOT WHILE AT WORK			1	1		
S a deol		220 1 certify that (I) (this has	-/-	led to	124 19 00	) to	25 19 1	that (li (we) last
Prito 170 170 170 170 170		saw the deceased alive a	ngh view the body after dear	19 67, or	d that in (my) (our) opinio	n death occurred on the d	ate and hour and I	rom the causes stated
RE A Pos Per		22b. SIGNATURE	//		DEGREE		22	c. DATE SIGNED
the open		161	7 ma	/	ATTENDING	MEDICAL STA	FF VS	
PITAL by th by th ERAL Store Store		22d. PHYSICIAN'S NAME (TYPE	OP BRINGS	r	22e ADDRESS	DIRECTOR PHYSI	LIAND	
HOSP Dined to FUNE Suid be the the S		17	1110	MA		ene Bal	4. 410	21200
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:		HUSTIN	MA	110	22 S. Gire	ene, bal	TO, MID	2-1 1-12
5 5 5 2 3 ₹	23a. E	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	5/28/87	Woodla	awn Cemeter	ry Woodla	wn. Ral	
	24 F	JNERAL DIRECTOR	O Free Prop	tapsco /		ATE REC'D. BY REGISTRAR		
DHMH - 16 60M 7/B4		NAME	al Homes Ra	ADDRESS	1 V 0 0 0	AY 2.7 1987	Julia Troids	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN TE MONTH LITTE OR PRINTS OF ESTI-AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
JOULD BE FILED, WITHIN 72 HOURS
RECORDS, 201 W. PRESTON STREET, DEATH MATED Edward 20 19 87 Lerov Weaver Jr. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 12:36 20 19 87 29 YRS DEAD Male Black 57 6 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. WIDOWED [ DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFES Baltimore Johns Hopkins Hospital Construction SHOULD BE ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore YES\* 6010 St. Regis Rd. Md. NO 🗌 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CIDST LAST Edward Edward Weaver Sr. Mable 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 217-66-5884 Mable Lee Weaver 5116 Darien Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMILER AT FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT REPORTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND VENIAL HEALTH AND VENIAL WASHIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR PENDI Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION SHOULD 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 18 19 87 6:45 M 5 Subject shot 218 PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK parking lot 2329 Harford Rd. Baltimore MD 220. I certify that I took charge of the remains described above, held an Autapsy Inspection ond in my opinion Hamicide X death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 5/21/87 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 5-26-87 Eastview Baltimore 07/84 Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Homeenss 1101 E. North Ave. (VR A15 ME (5))



54	07 MAY 2	1 ·	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	REG. NO.	4 1	5
	poge 3		CEASED NAME FIRST	MIDDLE	LIEANED SKI	20. DATE 0	OFDEATH MONTH	0/87	26 HOUR 10:20 km
2	ge 4 may ector, pag	3 SE		A RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR	6 AGE IN	YEARS LAST BIRTHDAY)	UNDER 1 YE	AR IF UNDER 74 HRS
	herdl dire		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMO	ORE CITY OR COUNTY	OF DEATH	MD.
102	1 44	100	LTIMORE CITY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIA	The state of the s		OCCUPATION  OK FOR MOST OF WORKING LI		O OF BUSINESS OR
BALTIMORE, MARYLAND 2120		1	AL RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131, CITY OF TOW	N 13d. INSIDE CITY LIMITS?	180	ADDRESS / ZIP CODI	ST	421208
MARYL	1300	1	7/12N	MODIE WEAVER	MINER	ME	MIDDLE VOM	1960	ast
TIMORE	be executed in Page		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218.01-6		We	ADDRESS HYCH JR	1801	0315151
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	hat the death certificate by the attending physic are remove carbon page if, premation, or removal, other traumatic event, if	/	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	nia ince of inde Stroke and beo			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
RECORDS, 20	las regones 1 su been signed ermit Then ple er prince observiors so any rejury, or	CERTIFICATION	Old Luf	conditions contributing to 1	OPERATION WAS PERFORMED		SE OR CONDITION GIVE	S, WERE FINI	DINGS USED
OF VITAL	articos h	1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR 19	RED (FINTER N		PART I OR PART 2	NO [
DIVISION	Offer this orkedor or the burner this or the burner this or the burner this orkedor or the burner this or th	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F			CITY OR TOWN	COUNTY	STATE
	ATTEND cuptol o ECTOR J d for use pt of Heat m 21 s m		saw the deceased alive or	ntal) attended the deceased from	5/14/87, 19 87 87, and that in (my) (our) opinion	death occurr	ed on the date and hou		
	by the h PRAL DR PRAL DR Share Dep		Teo . Ma	ting	DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	Inc. DA	TE SIGNED
	HOSP Could by th the		Trancis co M	Partinez		nemer	10//tospitar	/	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

THE BURIAL CREMATION REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY EASTVIEW Cem



053957 MAY

nding physicion and corban popers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the burial-transit permit. Then please remove carbondowith the State Dept of Health and Mental Hygiene prior to burial, cremation, or remove

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

MPDRIANT # Nem 21 is marked or Item 18 shows ony

injury, or other troumotic event, th

## STATE OF MARYLAND

-	erig
8	
~	REG. NO.

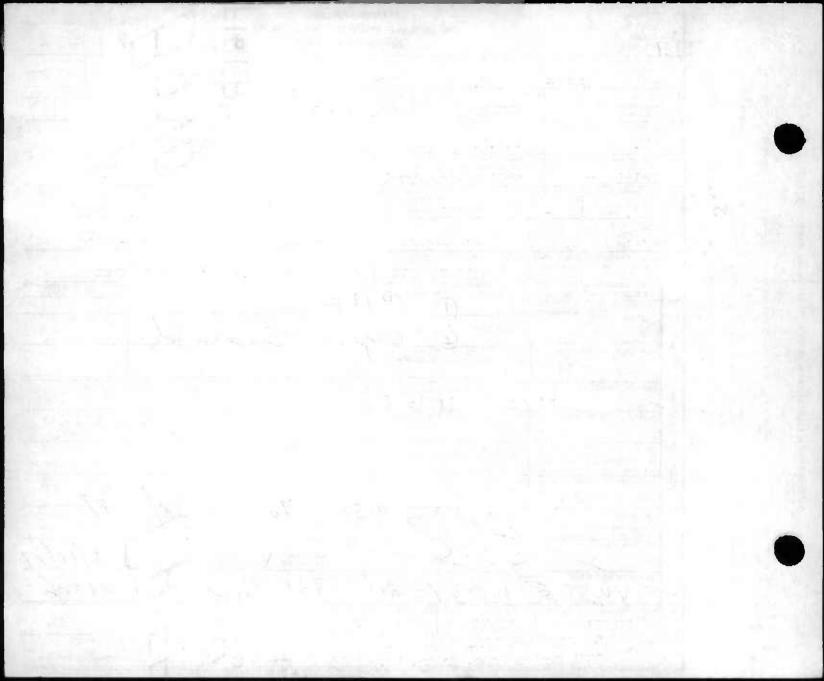
0	FOR STATI	E STRAR			DEPA		EALTH AND MENTAL HYGICATE OF DEATH	BIENE 8 7 REG. NO	14	15	2
	1. DECEASED		FIRST		AIDDLE	l.	AST	20. DATE OF DEATH	AONIH DAY YE	EAR 26 HO	-
	TITE ON PRIN		AGNES		1.	WEB	ER	MAY 18 198	37	8:5	0am
	3. SEX			RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDE	R 2a HRS
	FEMA	ALE		WHITE	Ξ	JAN		95	YRS.	DATS HOURS	Marine.
1	7a BIRTHPLA	ACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	TH	
1	MD.			U.S.A	A.	WIDOWE		Baltin	more City	71.V	MD.
N	IO CITY OR	TOWN OF DEA	TH 1		HOSPITAL, NUF		R OTHER INSTITUTION	120 USUAL OCCUPATION		IND OF BUSIN	IESS OR
1	Ba]	ltimore				Nursin	g Home	Homemaker		-	
-	USUAL RESI	DENCE (# NURS	ING HOME OF O		GIVE RESIDENCE BE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE		
	Mc	3.	-		Baltim		YES NO	4502 Lasal		21206	
ij.	14. FATHER'S	NAME					15. MOTHER'S MAIDEN NA	ME			
	Phil	rmst lin	M	DDIE	Minder	lain	Johanna	MIDDLE	Yersch	esst neid	
	Ida WAS DE	CEASED EVER			166 SOCIAL S		17 INFORMANT	ADDRES		IC.I.G.	1372
	IYES, NO C	no nknown	[ IF YES, GIVE	WAR OR DATES)	214-74	-4971	James Parks	(nephew) sa	me addres	SS	10.0
	Cond gave cause unde	ditions, if ony, e rise to imme (a), stating couse	which nediate g the lost.	DUE TO, OI  (c)	R AS A CONSE	QUENCE OF	ganie F	Siain &	d	PPROXIMATE INT	
		2 OTHER SIGN	H	10	T-	13 T	STRECATED TO THE TERM	VIIANT DISEASE OR COIND	ITION GIVEN IN PA	KI IIG	
1	CERTIFICATION 19th D4	ATE OF OPERA	ION	( 196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WERE F IN CERTIFYING CA YES [		ATH?
)	ORCO	CCIDENT WAS UNE ONTRIBUTING () C ITHER, NOTIFY MEDIC	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	TIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	RT 2)	
	21d IN	NJURY OCCUR	RED	21e. PLACE	OF INJURY	ICE EARM ETC 1	211 LOCATION	CITY OR TOW	/N COUN	114	STATE
	AT WOR		RK C	TAT TOME, STA	itti, i acioki, ori	n, t, r m m, t r t j	1/-/ to	1 -1	10/	07	
	27b. S	certify that (I) ow the decease bove, (I) (we) (c IGNATURE	ed alive on_ did) (did not)	view the body	8/ 1	9_87.dr	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [	death occurred on the dia	224	that (I) m the couses s	itated
	- 11	Vus	AG	N	607	EN	6331	Belair	- fd =	2/20	6
	23a. BURIAL, (SPECIFY)	CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	COUNTY		ATATE
	13.223.11	BURIAL		5/20/8	87	HOLY R	EDEEMER	BALTIMORE	200/111	M	D'ATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECUSCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Balto. Md. 21213

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Li. Tindom undres



	( t	13)
	1	7
LAND 21201	hin 24 hours o	dy filled or by should be file
AORE, MARY	executed with	and despley
ST., BALTIN	certificate be	ng physician banpapen. P removal.
W. PRESTON	of the deoth	y the attendi
ORDS, 201	requires tho	t. Then pleas or to burial,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	SICIAN: The low	certificate has be urial-transit permi- tental Hygiene pri
DIVISIO	TTENDING PHY pitol or ottendi	TOR: After this for use as the bu of Health and M
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certaineds to executed within 24 bears also death retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and despitably titled in a first should be detached for use as the buriol-transit permit. Then please remove commingent in many and a should be titled by with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.
	0 te	T 42 3

BP.

DHMH - 16 60M 7/84

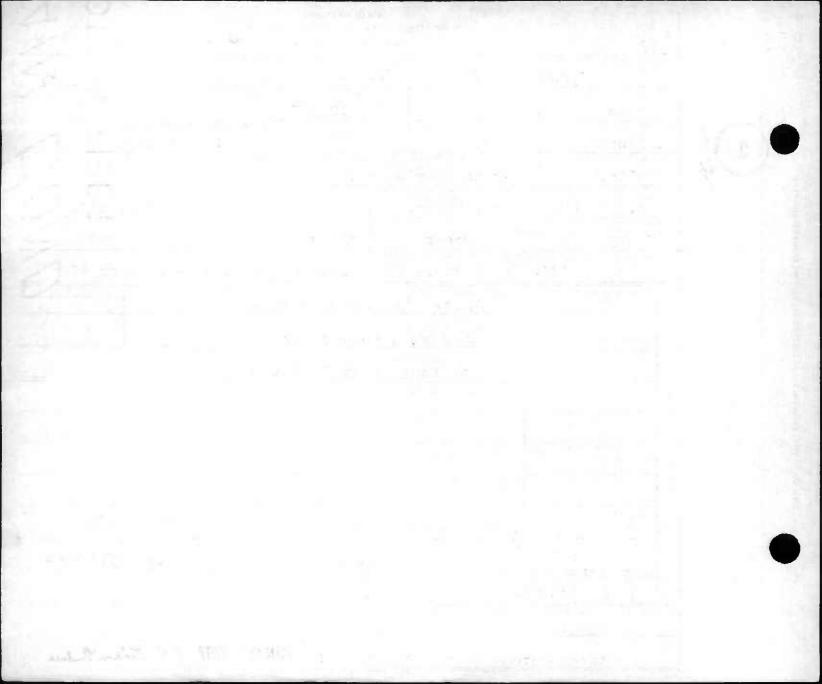
(VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumatic event

055251

	<u>_</u> j-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 / REG. N	0.	â i	5 3
		CEASED NAME FIR	MES	^	C,		EBER	20. DATE OF DEATH	MONTH DAY	87	5 45 P. M
	3 SEX	Male	4. R	ace Wł	nite	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY] IF I	UNDER I YEAR	IF UNDER 24 HRS
1	Ĩ	RTHPLACE (STATE OR FOREK OUNTRY) 11inois TY OR TOWN OF DEATH		U.S.		WIDOWE	D NORCED DOOR OTHER INSTITUTION	Balto.	City		MD.
7		Balto.		Nort Nort	h Char	les F		Military	OF WORKING LIFE)	INDUSTRY	T BUSINESS ON
5	13a S		COUNTY		Balto	WN	13d. INSIDE CITY LIMITS?  YES NO 15. MOTHER'S MAIDEN NA	327 Ya	Le Ave	. 212	229
C		Henry  VAS DECEASED EVER IN U	MIDD		Weber	HIBITY NO	Wilma FIRST	MIDDLE		meror	ì
1				79 (ES)	326-30			la Weber -			13
	NO	Conditions, if ony, wh gove rise to immedia couse (o1, stoting underlying couse lo	nEDIATE C.	DUE TO, OR  Ib)  DUE TO, OR  (c)	AS A CONSEQUENCE AS A C	JENCE OF JENCE OF	NARY OEDE LOMYDIATY LEAST DISE NOT RELATED TO THE TERM	ASE	DITION GIVEN	IN PART III	
9	CERTIFICATION	19a DATE OF OPERATION				H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	NG CAUSES	
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED	OF DEATH	P.A 21e. PLACE C	A. MONTH ( A.	19	211 LOCATION	ULMI FO BRUTAN REIME) RED (FILE)		OR PART 2)	STATE
	×	WHILE NOT WHILE AT WORK  270.1 certify that (I) (this					, 19	, to	, 19.		that   ) (we) lost
		sow the deceosed of	we	1	after death.			MEDICAL STA	FF	22c DATE 5/2	
1		P. C. PA	TEL	VI)			22e. ADDRESS				
	23a B	URIAL, CREMATION, REM SPECIFY)  Removal		5-24-		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY	STATE

24 FUNERAL DIRECTOR State Anatomy Board Balto., Md. JUN 0 1 1987 The Dinder Radian



DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	7 REG. N	<b>1</b>	4	1	5	4
	LAST	20 DATE	OF DEATH	MONTH	DAY	YEAR	2b H	OUR:
M	WEBER. S.M.	1		5	4	87	7.	152

- 1	1.	STATE			DEPARTM		EALIH AND MENTAL HTG	IENE 8	- 1	4	5 4	
One;	7 37	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.	1		
-1		CEASED NAME	FIRST	M	IDDLE	i	AST •	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR:	
1	{ITPE		DSEPH	WI	LLIAM	WEI	BER, S.M.		5	4 87	7.150	M
	3 SEX	(		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIT	RTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS	_
		MALE		WHI	TE:	MONTH	14 05	82	v.nc	MONTHS DA	TS HOURS MIN.	
2	7a BIF	RTHPLACE (STATE OR F	OREIGN		VHAT COUNTRY?	8		9 BALTIMORE CITY C	OR COUNT	Y OF DEATH		-
3	C	PENNSYLVAN		II C A			D NEVER MARRIED 🔀					
-	_	TY OR TOWN OF DEA		U.S.A		WIDOWE G HOME C	OR OTHER INSTITUTION	BALTIMOR			D OF BUSINESS OF	_
2	100			(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST		(FE) INDUST	RY	
4		BALTIMORE AL RESIDENCE (IF NURS	INC HOME OF		ATON AVE			TEACHER		SCH	OOL	_
£	13a. S	TATE	13b COUP		13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	ÞΕ		
		ARYLAND			BALTIMO	RE	YESX NO	1001 CATON	AVEN	UE 21	229	
7	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAST	
		ANDREW			WEBER		MARY				GOEB	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
	.,	NO	1. 12.3	E WAN ON DAVES!	219-58-6	6899	Bro. Stepher	n Glodek 43	01 Ro	land A	ve. 21210	a
		18 CAUSE OF DEAT	H (Enter or	aly one cause per	line lai, (b', sig	dici					ROXIMATE INTERVAL IEN ONSET AND DEATH	
		PART I. DEATH W		D BY TE CAUSE (a) (	onseke	ein-	(men)					
	Ш		INTERIO		ACONSEQUE	NICE OF	0	. 1				Т
		Conditions, if ony,	which	DUE TO, OF	RILL	Da	an voule	a O Sorfe	uter	ے ا		
		gave rise to imr	nediote	) 16)	00000							_
		cause (a), stating underlying cause		DUE TO, OR	AS A CONSEQUE	ENCE OF						
		DART 2 OTHER SIGN	NIEICANIT	(5)	ANTERIOR TO I	DEATH BUT	NOT RELATED TO THE TERM	HALAL DISEASE OR CON	IDITION G	N/ENI INI PADI	Llia	
	Z	PART 2 OTHER SIGN	VIFICAIVI	LONDITIONS <u>CC</u>	NIKIBUTING 101	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DINONG	IVEN IN I AK	110	
-	CERTIFICATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	70b. IF YE	S. WERE FIN	IDINGS USED	-
1	FIC.	THE DATE OF STERM	1.0.1	178 CONDI	norvior viner	OFERATIO	T T AG T EAT ON THE		IN CERT	IFYING CAU	SES OF DEATH?	
-	ERT	71a, ACCIDENT WAS UNI	DERIVING C	7 216 TIME O	EINIHIDY		21c. HOW INJURY OCCUR	YES NO		ES .	NO [	-
		OR CONTRIBUTING	_	110110 4	M. MONTH D	AY YEAR	THE TIO W HAJORT OCCOR	KED (ENISK NATURE OF IN)	JRY IN HEM 16	PARI I OR PARI	21	
	MEDICAL	(IF EITHER NOTIFY MEDI				19	TANK LOCATION					_
	MED	WHILE NOT WE		21e PLACE (	OF INJURY BET, FACTORY OFFICE F	ARM ETC J	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
	"	AT WORK AT WO				0.7				-		
		220 I certify that (I)				-	19/19/1		4	, 19_4_/	_ that (1) (we) la	51
		above, (In/we)	ed oliveror did) (did no	view the body	after death	, 0	nd that in (m) (aur) opinion	death occurred on the o	date and ho			
		276. SIGNATURE	XO	10	10-0		DEGREE			22¢ D/	ATE SIGNED	
		Jun	67	fan,	1201		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	Y	1418	)
1	1	224 PHYSICIAN'S N.	AME IMPE	OR PRINT)			22e ADDRESS					Ī
F.		John C.	Heal	v. MD.			1311 Francis	Avenue				
	23a. B	BURIAL, CREMATION,			23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				=

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detoched for use as the buriol-training permit. The with the State Dept. of Health and Mental Hydrining prior to TO FUNERAL DIRECTOR: After this certificate has be

etoined by the hospital or attending physic

TO HOSPITAL

IMPORTANT: If Item 21 is morked or Item 18 shows an

BURIAL

5/7/87

Sacred Heart of

24 FUNERAL DIRECTOR

21229 ADDRESS

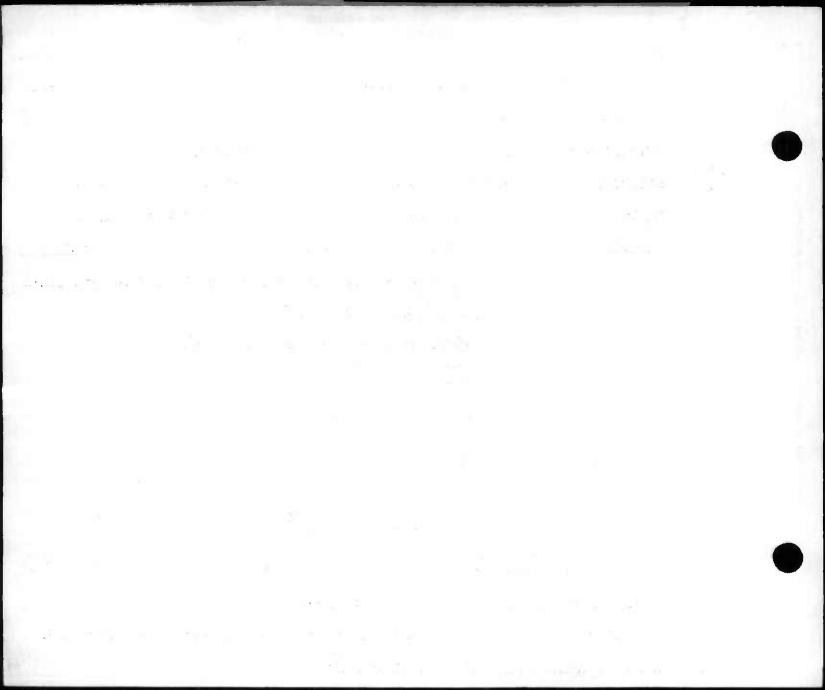
Jesus Dundalk Baltimore Md.

236 DATE ACCID. BY REGISTRAR'S SIGNATURE

250 DATE ACCID. BY REGISTRAR'S SIGNATURE

2

4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.



	1			STAT	E OF MARYLAND				-	
	1	FOR	DE	PARTMENT OF	HEALTH AND MENTAL	HYGIENE				
11/	7 1	STATE.		CERTII	FICATE OF DEATH	0	REG. NO	1 1	- 1	San Jung
		CEASED NAME FIRST	MIDDLE	1.1	LAST	20 DATE		MONTH DAY	YEAR	2b HOUR
	(TYP)	E OR PRINT) RItche	1	web	ster	100		05 10	87	125
	3 SE		4. RACE	5. DATE (	OF BIRTH	- 4	DER I YEAR	IF UNDER 24 HRS		
100	3 36	male	Black	MONT	H DAY YEAR		IN TEAMS (MS) DMI	MONTH		HOURS MIN.
	100			, 11	23 4	+3 10	43	YRS.		
20		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	7BALTIA	AORE CITY O	R COUNTY OF D	DEATH	
2	)	Balto. Md.	U.S.A.	WIDOW			Deltimon			MD.
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION		ORK FOR MOST O		L KIND O	F BUSINESS OR
2	BU	Balto City		Veterans		-	ck Dri		.003111	
å	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)		1			21	
SPE C	138	STATE MID 136 COUN	NIA 131 CALO	IL wann	13d INSIDE CITY LIMIT		T ADDRESS /		Anna	10
-	14. F.A	ATHER'S NAME	DEB	TUMENG	15 MOTHER'S MAIDEN	473	9 Park	Heights	Aver	lue
E a	5		MIDDLE LA	st	FIRST		MIDDLE		LAST	
331	_	Robert	Webste		Christin	e			Boyd	
O A		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT		ADDRE	505 Umai	11a /	lvenue
E		Yes	215-4	0-9508	() Jonette	Jackson			212	
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a),	(b), and (c).	1				BETWEEN	MATE INTERVAL
ven .	100	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (b) PCS.	piratory	arrest				_	min
9 22		IMMEDIA								
E		Conditions, if ony, which	DUE TO, OR AS A CON	25/2 TO C	Carcinema				- 1	mo
0		gove rise to immediate	(6)		0	•				.,,,
The		couse (0), stating the underlying couse last	DUE TO, OR AS A CON	ISEQUENCE OF						
0			(c)							
, con	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CON	DITION GIVEN IN	PART Iro	
	CERTIFICATION					120		1		
5 7	S	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	70e AL	ITOPSY?	20b. IF YES, WEI	CAUSES	GS USED OF DEATH?
3	1 =					YES [	NON	YES 🗌	13.7	NO 🗌
0	G	210. ACCIDENT WAS UNDERLYING	1 110110 4 44 410117	H DAY YEAR	21c HOW INJURY OC	CURRED (ENTER	NATURE OF INJUR	TY IN ITEM 18 PART I C	OR PART 2)	
E 7	¥.	OR CONTRIBUTING CAUSE OF DEA	IIII	19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					
De	Ž	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE FARM, ETC )	STREET		CITY OR TO	WN C	OUNTY	STATE
e e		220.1 certify that (I) this hospi	ballostended the deceased	trom 5	12 19	X? "	5/1	0 10	87	-(18)
5	30.1	-	- m- 1	(10)11		, 10	1	ate and hour and		nor circulated
E		22b. SIGNATURE	t) view the body after death.		DEGREE		Trea on the de			
F		Mad.			ATTENDIN	NG _ MEDICA	AL STAF		THE DATE	CO
		1 aane des	mer MD		PHYSICIA	N DIRECTO	R PHYSIC	IAN	5/10	18/
OK AN		274 PHYSICIAN'S NAME TYPE O			22e. ADDRESS LOC	ch Roven	Blvd			
2		Nadine de	emer ms		1	30 Ho M	1D 21	1218		
2	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	DRY 23d LO	CATION	-10		
		Burial	5/15/87	Consider	on Forest V	/et. Ow	ITY OR TOWN	ills, Ma	יואוי	STATE nd
	24 F	UNERAL DIRECTOR	13/13/0/	Garrist				25b REGISTRAR'S		

DHMH - 16 60M 7/B4

BP.

in by the funeral director, page 3 se filed within 72 hours after death

hpletely filled in band 2 should be fi

pe

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physician. TO FUNERAL DIRECTOR: after this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbompopers (Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

(VRA 15, 4)

Rodney T. Sykes

ADDRESS 4644 Pimlico Road

Vet. Owings Mills, Maryland

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

MAY 12 1987 July Davidson-Render

terin two little than the manual makes and the cate A CANDELL STREET TO THE ACCOUNT. Ten Year Town or the state of t The second section of the second section of the second section of the second section s Pil Stoll on line and a vontof

048 HAY	20	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 7	4 1 5 6
a. 6. E		CEASED NAME FIRST	WIDDLE		MACT for 1 to		DAY YEAR 26 HOUR
poge 3		HENRY		EHRME		5 1	7 87 4:33 PM
4 mc	3 SE	X	4. RACE	S. DATE (	H DAY YEAR		TFUNDER I YEAR IFUNDER 24 HRS
oge ch		Male	White		t. 24, 1901	85 YRS	
T2 th		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	1. BALTIMORE CITY OR COUNTY	
deo		Vew Jersey	USA  11. NAME OF HOSPITAL, NU	WIDOW		Baltimore, Cit	Y MD.
s offe	F	Baltimore	Union Memoria	1 Hospi		(TYPE OF WORK FOR MOST OF WORKING LIFE Credit Manager	E) INDUSTRY
n 24 hour	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		TOWN	13d. INSIDE CITY LIMITS? YES MO	13e.STREET ADDRESS / ZIP CODE 4100 Greenway	Packing 21218
omplett	I4.FA	THER'S NAME FIRST William	Wehrmey		Julie	MIDDLE	Augustin
ond co		VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	SECURITY NO	17 INFORMANT	ADDRESS	
Page 9		No	440 10	7935	Mrs. Richa	rd Shepard,	Same
death certificate otherwise above carbon pape often, or removal fraumatic event, the		Conditions, if ony, which	ly ane cause per line for (a), (b) BY E CAUSE (a)  DUE TO, OR AS A CONS (b)	ic ar	rest (pro	mary)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  25 + Ufares
ed by the of please remoti mal, cremati		gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONS		0		
sign hen l to bu	Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART Tro
te hos been sin permit. The Journal of Green prior shows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN: T ng physici certificate and-transi ental Hygi frem 18 sh		7)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	- Annual Control of the Control of t	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
offending the this as the but hand Mendand Men	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FICE FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDITOR or CTOR A diforuse of Health		270 I certify that (I) this hospi sow the deceased alive an above, (I) (ve) (did) did no	Meses 17	1987 0		death accurred on the date and have	and from the causes stated
by the hosp by the hosp JERAL DIRECT be detached to State Dept. o		276. SIGNATURE  276. PHYSICIAN'S NAME (TYPE O	X Davis		ATTENDING PHYSICIAN TO ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/ M/87
TO HOSPITAL etained by the TO FUNERAL should be deto with the State I		CARA L	DAVIS		Union Memo	rial Hospital	
BP		SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	73b. DATE 5/19/87		Mount	Balto.,	COUNTY MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

<sup>24</sup> FUNERAL DIRECTOR Henry W. Jenkins Sons Co. 4905 York Road Balto., MD 21212

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Y HE HOU Y H tuit, at the circumstance of the control of the con U VESTEL VEN d1 (6-1350 m = 121 . 4 - 1 ri' u u ei Lu TELE TIME illir AND TO TESTED IN SAN INTERPRET INSURED CONTROLLED

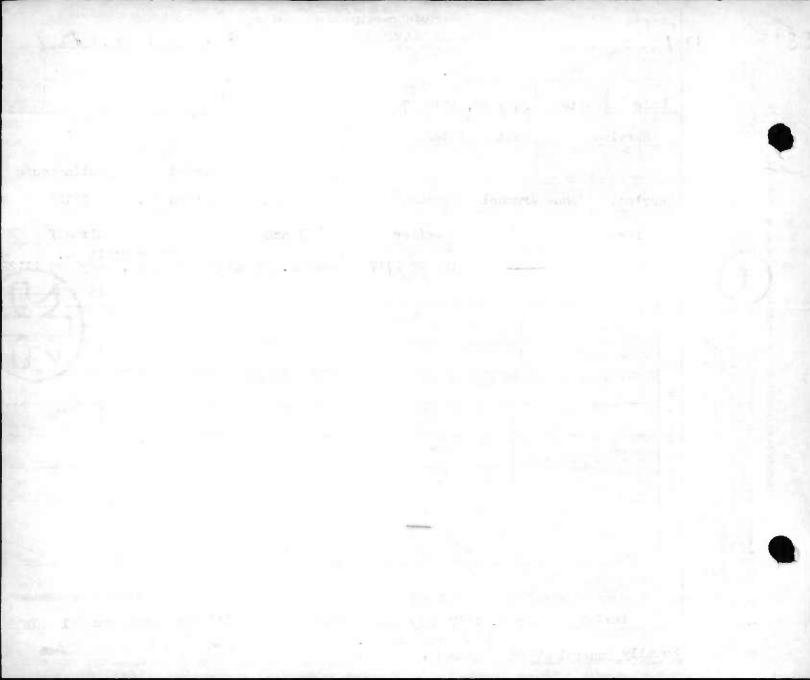
Craction 2/1/5 Crach unit lite.

Henry Janina a on Jo.

1015

Yor Fo Hilbs., N. 1015

12	//				-629, by M	led. Ex.	STATE OF M	ARYLAND					
M		1 -	STATE	37, Gb;	, ,			AND MENTAL H	100	7	1 8	1 0	7
3	3.8 MAY 13	100 2	REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	MINER'S	LAST		NEG.		1 3	-
			E OR PRINT)					Weimer		ATE KNOWN OF ESTI- ATH MATED	→ MONTH	Q7	25, HOUR
	PLEASE ECTOR R FILES HOURS STREET,	3. SEX	I4 RA	John	S. DATE OF BIRTH	P.	E (IN YEARS   IF UN	IDER 1 YR. IF UNDER			HINOM	19 87	2d HOUR
	E SHEET				MONTH DAY	YEAR LA	ST BIRTHDAY) MONTH		MIN. PRON	OUNCED	5	5 ,,87	11:21
	37×25	and the	RIHPLACE (STATE OF	ite	July 29,	1910	76 YRS.		2 BA	EAD	OB COLIN	TY OF DEATH	I P M
	日本の		REIGN COUNTRY) Maryland	- 1	United S			ED NEVER MARRI	ED 🔲		timore		
	Name of the second	IV CI	TY OR TOWN OF D	EATH /	11, NAME OF HOS	PITAL, NURSING	HOME, OR OTH					12b. KIND OF BU	ISINESS
100	S BEEN Y		Baltimore		Universit	y Hospi	tal (ST	J)		inist		OR INDUST	
	OSE SON	U.A 113e S		JI36 COUN	OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE	E ADMISSION)	had thems city charge	13a STREET AL	DDRESS			
919	言語をかり	Ma	ryland	Anne	Arundel	Pasader	na	YES NOW NOW YES	271 G	ibson F	Rd.	21122	
-	TOPO P	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	NNAME	WIDDLE		LAST	
- 1	A SERVER TO	1	Alfred			Weim	er	Blanch	е			Althoff	
9	世界的人	16e. V	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARA	WED FORCES? WAR OR DATES)	166 SOCIALS		17. INFORMANT		4597	Mount	ain Rd.	
1	38E38		No			180 09	2717	Mary J. Me	Cauley	Pasac	lena,	Maryland	2112
1	2 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		18 CAUSE OF DEA	ATH (Enter on	ly ane cause per line				1			BETWEEN ONSE	T AND DEATH
3	2 4 E O E S	7	V150		E CAUSE (a) MU			with compl	ICation	15			
-	HYO WOO		Conditions, if	any, which	DUE TO, OR	AS A CONSEQU	JENCE OF					1147	
0	WITH NCII NCII NCII NCII NCII NCII		gave rise to cause (a) statio	immediate	(p)	AS A CONSEQU	IENICE OF						-
Control of the contro	N PE		lying cause las		DUE 10, OK	AS A CONSEQU	JENCE OF					100	
,	G" L G" L G" L G" L G" L G" L AND		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO OFATH I	BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	PT 1 in				
9	S A L	Z	1/5 Del					on continuity office the fall					
	L GHEA	CERTIFICATION	190. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHIC	H OPERATION W	AS PERFORMED?			100	20 AUTOPSY	?
	S S S S S S S S S S S S S S S S S S S	F										YES 🗆	NO X
2	HE WE WENTER	W W	210. EXTERNAL CA		21b. TIME OF	INJURY DAY		OW INJURY OCCURRE					
	S THICK	3	UNDERLYING CONTRIBUTING	CAUSE OF		M 4	12, 87 Dr	iver in au	to/fixe	d objec	ct col.	lision	
-	TINC 3 St.	MEDICAL	214 INJURY OCCU			FINJURY (AT	HOME, 211 LO	CATION	CITY	OR TOWN	(0)	UNIY	- STATE-
7	PARARE	1		WORK	ROa	u ·	Mou	ntain Rd &	Fairwo	od Fr.,	Anne	Arundel	Co,MD
	ATE, ORW, ORW, P.R. P.		22e I certify tho	t 1 took chorg	e of the remains des	ribed above, he	eld an Autap	sy . Inspection	X, Ing	uiry X	and in my as	pinian	
	NA PER CENTRAL	1	death resulted fro	Mary	al Auses .	Adjoint	Suicide	, Hamicide .	Undetermine		],		
	CERT JID JID WHI		ACTUAL	1/1	11/1/1	Mar		TITLE (SPECIFY)					
	ZEZZEN.		SIGNATURE	- King	1 9	UVV	M	D. Assistant	MEDICALE	XAMINER	SIGNE	5-6-87	
	A S S DE S OF S O	1	EXAMINER'S NAM	E or	, , ,					4			
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR; PAFTER DEATH, WITH THE ST BALTIMORE, MARYDAND, 2	72- 6	(TYPE OR PRINT)	Char		kes, M.I	OF CEMETERY O	ADDRESS 111 F	Penn St.		more,	MD 212	01
		230 B	Buria Buria						Balti	N	Aman a A		ATE
07/8 25M		24. F	UNERAL DIRECTOR	v.L	May 9, 19	Mounta		250. DATE F	REC'D. BY REGIS		GISTRAR'S	rundel SIGNATURE	MD
	DHMH - 17 (VR A15 ME (5))	Mo	Chilly Flan	onel II	omes Pasa			1.1.11		0	in Kind		1
				CLAT U.	- 250	mella, I	111 61166	711	, , ,	-			



y filled in by the funeral director, page 3 should be filed within 72 hours After death

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE	ı.R		DEPART		FICATE OF DEATH	REG. N	10.	4	1	2	S
LECE ASED NA	ME FIRST		MIDDLE	- 12	LAST	20 DATE OF DEATH	MONTH	CIAY	YEAR	26 HO	UR
(TYPE ON PRINT)	ARTI	IUR	F.	WEI	TY	1	1AY	15,1	987	150	00 N
3. SEX	741 THE	4. RACE		5. DATE		6. AGE (IN YEARS LAST BI	(YAGHTI		RIYEAR	IF UNDE	R 24 HR5
Male		Whit	e	Feb	. 17, 1917 AR	70	YRS	MONTHS	DAYS	HOURS	MIN.
Ta. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DE	ATH		
Mc.		US	A	WIDOW		BALTIMO	RE CI	LTY			ME
10. CITY OR TOW BALT		(IF NOT IN SU	HOSPITAL, NURSIN THE FACILITY, GIVE STREET ON MEMORI	ACICIRESS)	SPITAL	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Truck Driver			KIND O USTRY	F BUSIN	ESS OR
130. STATE Md.	CE (IF NURSING HOME C		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimos	N	13d. INSIDE CITY LIMITS?	3515 Ash	/ ZIP COD Stre	DE et	2121	.1	
14 FATHER'S NA		WIDGIE	LAST		15. MOTHER'S MAIDEN NA	AME	- 3		LAS		
Louis			Welty		Nattie	Model		Be.	11 ```		
160 WAS DECEA	SED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECU	IRITY NO.	17_INFORMANT	ADDR	ESS				
NC			217-16-75	566	Sam Tsembide	s 217 Penn	Stre	et 2	1230	)	
gave ris	s, if any, which e to immediate al, stating the	(b)_	RAS A CONSEQUE Septic RAS A CONSEQUE CITADS	Shore of	cle						
	THER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITIONG	IVEN IN F	ART 110	2	
& Cir	hosis,	Hepato		<sup>2</sup> aulu			12				
190 DATE 0 4/3/8 210. ACCIDE	7 4/18/87	Villa			n was performed upulla - (Veter	200 AUTOPSY?	IN CERT	ES, WERE IFYING C YES []			TH?
00.0001704	NT WAS UNDERLYING UTING CAUSE OF DI NOTIFY MEDICAL EXAMIN	EAIN	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INA.	RY IN ITEM 18	PART TOR	PART 2)		
(IF EITHER 21d. INJUR	OCCURRED  NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)wN	CO	UNIY		STATE
saw t	hy that W (this has he deceased alive a 	n MAY	15 19 5		nd that in (1927) (aur.) apinion	death occurred on the d	ate and ho	, 19 <u>8</u> our and Ir			(we) last tated
27b. SIGN.	Made	1 Flee				MEDICAL STA ☐ DIRECTOR ☐ PHYSI	FF CIAN X		1	SIGNED	
22d PHYSI	CIAN'S NAME (TYPE	OR PRINT)			77e ADDRESS						
In	176/6	1-OKIN	,		201 UNIVE	RSITY PARKW	ΑY				

731 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 2! is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal. morked or Item 18 shows ony

O HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital

BP.

FOR

Cremation 5-18-87 Westview Mem. 24 FUNERAL DIRECTOR

236 DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

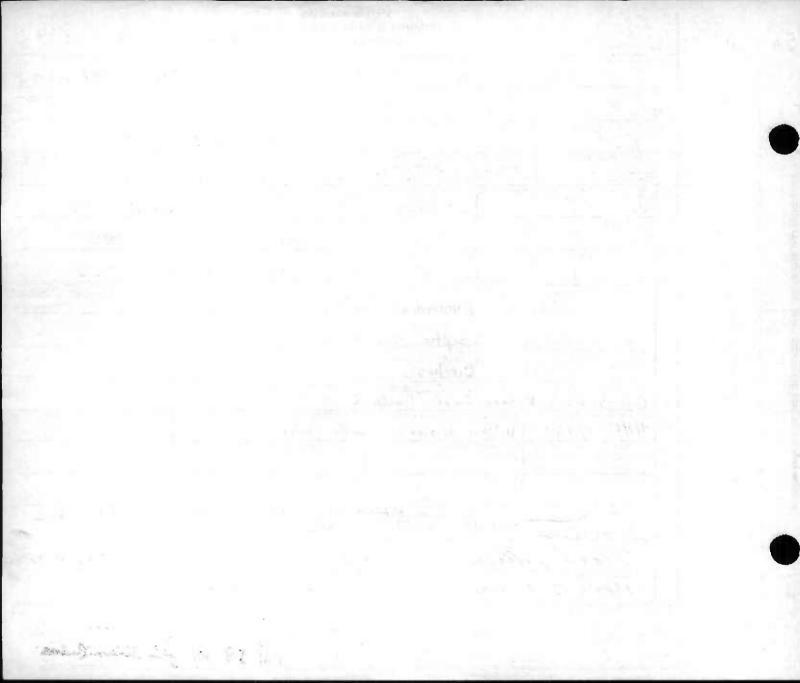
Baltimore

COUNTY Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE-250 DATE REC'D.

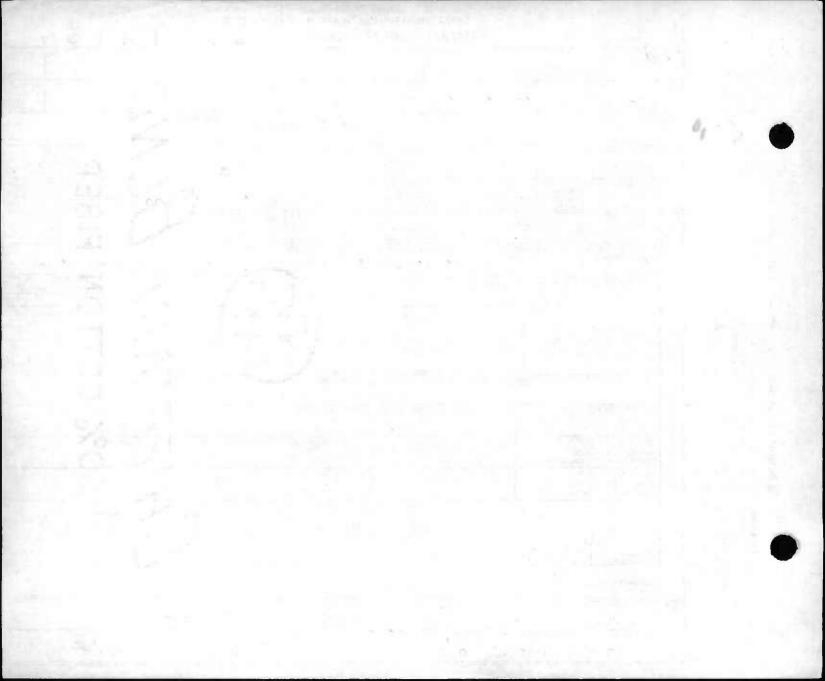
WEBER & SONS INC. 401°S. CHESTER ST.

1987



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LOECEASED NAME 20 DATE KNOWN of the Sevenier ESTI-LAWRENCE JOHN WENZEL DEATH MATED 5-4-87 AGE (IN YEARS 4 RACE DATE OF BIRTH IF UNDER I YR 2d HOUR IF UNDER 24 HRS 2c DATE MONTH LAST BIRTHDAY) PRONOUNCED 12 16 13 White Male DEAD 5-4-87 3:43P TA' BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Baltimore City WIDOWED [ DIVORCED D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FIRE DE Baltimore FIREMAN University Hospital STU SUAL RESIDENCE HE IN NUT ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 103 Gler CATONSVILLE BALTIMORE Glenwood Avenue MD 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE JOHN WENZEL ROSE PFISTER 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 215-10-0702 LOUISE C. WENZEL same as #13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DED TO THE CHIEF MEDICAL EXAMINER ALONG WEST STANOULD BE USED AS A BURIAL - TRANSIT PERMIT BERMIT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? THEADSYONLY) 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 7:55-M 5-3-8719 HOUR A.M. MONTH DAY YEAR EXECUTE THE CERTIFICE WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPARTS BALTMORE, MARYLAND, 21201 PRICE PAGE 1 subject shot self with 22 caliberifle 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 103 GlenWood Avenue Catonsille, Maryland basement 22e I certify that I took charge of the remains described (HEAD on LYA) utapsy Inspection Suicide X death resulted from Natural couses Accident Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD COUNTY 05-07-87 Baltimore New Cathedral 07/84 Catonsville, Md 21228 24 FUNERAL DIRECTOR DHMH - 17 MacNabb Funeral Home (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH - REGISTRAR REG NO LAST I. DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR 1030 TYPE OR PRINTS Fdward. August Wertz XXX Sr AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5. DATE OF BIRTH IF UNDER 21 HRS 1902 July 12. Male White 84 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Maryland U.S.A. WIDOWEDX DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Goetz Meats Smoker Union Memorial Hospital Baltimore City USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COLINTY 3111 Belair Rd. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore 21213 YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE LAST Edward Wertz Annie Kruger 2831 Cub Haris Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21234 HE YES GIVE WAR OR DATEST Edward A. Wertz, Jr. No 215-01-0519A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Ninow IMMEDIATE CAUSE IO). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which anas gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) WHILE NOT WHILE 270 I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776. SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Green Mount

21214

Union Memorial Hospital

23d. LOCATION

CITY OF TOWN

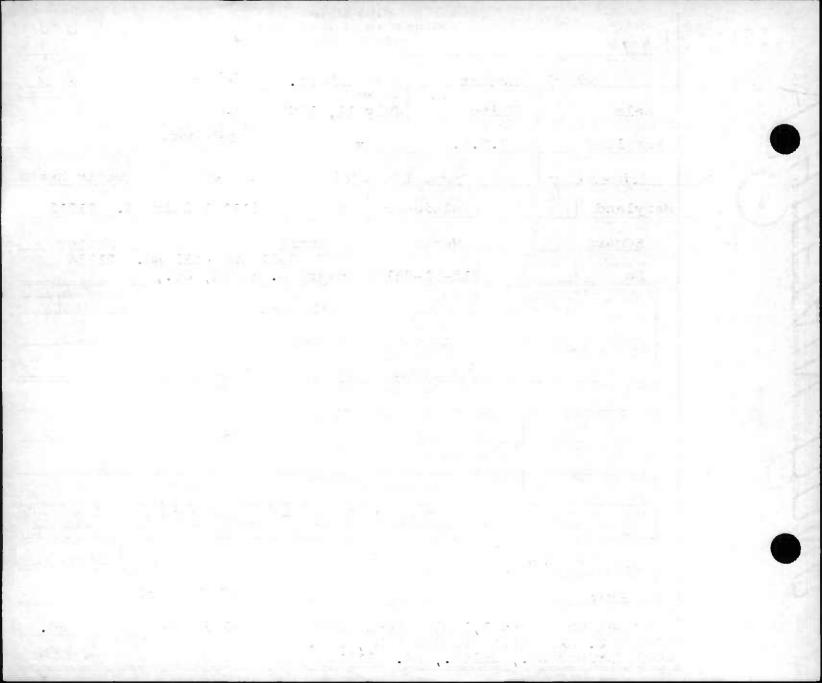
Baltimore

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

ha Durden Readelle

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. Rocha 23g. BURIAL CREMATION, REMOVAL 23b DATE June 1,1987 Cremation RUBERT C: ALTENBURG FUNERAL HOME, INC. DHMH - 16 60M 7/84 6009 Harford Rd., Balto., Md. (VRA 15, 4)



2495 MAY -61	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 7 <sub>REG. NO.</sub>   4   6
BALTIMORE, MARYLAND 21201  ccuted within 24 hours after death. Page 4 may be made of manufactor, page 3 manufactor, page 4 manufactor, page 6 manufactor, page 6 manufactor, page 7 manu	COUNTRY)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPIT.  (IF NOT INSUCH FACILITY  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESI  136. STATE  136. COUNTY  137. CIT  14. FATHER'S NAME  FIRST  MIDDLE	S. DATE OF BIRTH  MONTH  DAY  YEAR  OUNTRY?  MARRIED   NEVER MARRIED   9. BALT  WIDOWED   DIVORCED    AL, NURSING HOME OR OTHER INSTITUTION  COME STREET ADDRESS)  DENCE SEFORE ADMISSION)  YOR TOWN  13d. INSIDE CITY LIMITS?  YES   NO    15. MOTHER'S MAIDEN NAME  LAST  LAST  LAST	(IN YEAR LAST BIRTHDAY)  (IN YEAR LAST BIRTHDAY  (IN YEAR LAST BIRTHDAY)  (IN YEAR LAST BIRTHDAY  (IN YEAR L
	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	Cial SECURITY NO. 17 INFORMANT  S-07-7851 Essie Rae Hard	Sterling  ADDRESS 433 Lebaum St.S.E. Washington D.C. 20032
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ENDING PHYSICIAN. The low requires that the death oil or attending physician.  St. After this certificate has been signed by the attending to so the buriof-tronsit permit. Then please remove certain use as the buriof-tronsit permit. Then please remove certain Health and Mental Hygiene prior to burial, cremation, a marked or Item 18 shows ony injury, or other troumottic events marked or Item 18.	190. DATE OF OPERATION 196. CONDITION FOR THE PROPERTY OF THE	YES  RY ONTH DAY YEAR  19  JRY ORY, OFFICE, FARM, ETC.)  216. HOW INJURY OCCURRED (EN  216. LOCATION STREET  sed from ARY 1 19  19  10  10  10  10  10  10  10  10	AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO CITY OR TOWN  COUNTY  STATE  CUTY OR TOWN  COUNTY  CUTY OR TOWN  CUTY OR T
TO HOSPITAL OR ATTER Tetomed by the hospital TO FUNERAL State Dept of IMPORTANT: if them 21	sow the deceosed olive on obove (i) the place of the body ofter deceosed olive on obove (ii) the place of the body ofter deceosed olive on obove (ii) the body ofter deceosed olive on obove (ii) the body ofter deceosed olive on obove (iii) the body ofter deceosed olive oliv	DEGREE  ATTENDING MEDI PHYSICIAN DIRECT  220 ADDRESS  240 Mulser  230 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	220 DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Chas A Rice FSPA 1300 Eutaw P1.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Project Constant of the consta HIETO INS The state of the s Mile March region to the first the pare that BP

DHMH - 16 60M 7/84

(VRA 15, 4)

MOSS APPROXIMATE INTERV 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES -NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death accurred on the date and hour and from the couses stated 220 DATE SIGNED STATE 6/2/87 Buria Forest Garrison Owings 24. FUNERAL DIRECTOR March F/H West 4300 Wabash Avenue

STATE OF MARYLAND

26 HOUR

9

IF UNDER I YEAR

INDUSTRY

10-34

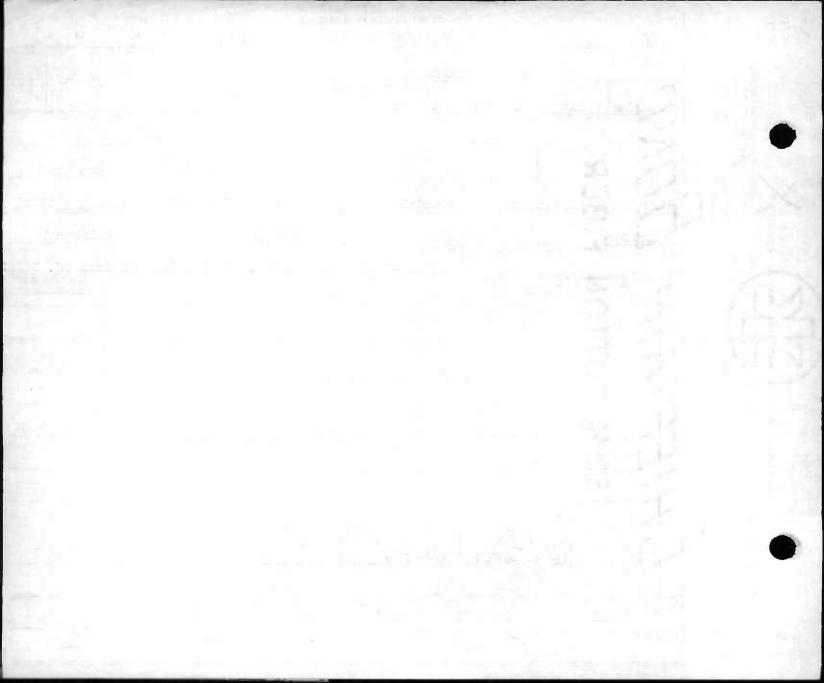
IF UNDER 24

126. KIND OF BUSINESS OR

		1	Items, #1,	, & 16-B							•				
FOI	75 1111	Bar	A 629,	7/11/87	, Gbj	EPARTA	MENT OF F			ENTAL HY	atta Milita	1	A	1 6	-2
0.001	1 6 0011 1		REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	XAMIN	EK.2 C	EKTIFIC	ATEO	DEATH	REG. NO		1 0	<u>.</u>
			E OR PRINT)			WIDDE			.431		26. DATE OF	ESTI-		DAY YEAR	2h, HOUR
	OR O	2.05		Adella	0.75 05 0.05	Α.			aley			MATED X	5/ 2	29/19 87	
	STR STR	3. SE	4 KA		DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	rs IF UNI		HOURS	MIN PRONOU	NCED	MONTH	DAY YEAR	11:09
	ARY NOUN TON		emale B		7 31	16	70 YR	S.	1		DEA		6/	1/ 19 87	7 A <sub>M</sub>
	DESS PHIERA	FC FC	RTHPLACE (STATE OF REIGN COUNTRY)		CITIZEN OF WH.	AI COUNT	RY?			ER MARRIE		MORE CITY OF	- Mac 2 2 1	OF DEATH	
	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. D.WITHIN 72 HOURS W. PRESION STREET,	10.0	Marylar		U.S.		51110110115	WIDOWI		DIVORCE		imore C		WINTER OF B	MD
4	是基份 国	10.0			(IF NOT IN SUCH FAC	ILITY, GIVE STR	REET ADDRESS)	OK OTHE	K INSTITUT	IION	FOR MOST OF WO	ORKING LIFE)	OF WORK	OR INDUST	TRY
	82.28	LISH	Baltimo:		833 W. F			h 1)		-	Home	maker	-		
21201	E9338	13a S	TATE	136. COUNTY	THER INSTITUTION, GIVE	13c. CITY O	OR TOWN		13d. INSIDE CO		3e. STREET ADDR				A 100
0.21	44		ld.			Balt	to.		YES	NO 📗		. Prat	t St	. 212	01
W	E1897 ~		THER'S NAME FIRST	M	IDDLE	_	AST		FI	R'S MAIDEN		MIDDLE	4	LAST	
8	BON AP		illiam VAS DECEASED EVE	D INITIO A DAAFF	NEODOSES A		een	NO	E1.	izabe	th	ADDRESS	Ceph	as	
PRESTON ST., BALTIMORE, MD.	JRS AFTER 8. GIVE P. WITH FOR I. PAGES DIVISION	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	216	18-8	452	Ms	490	5 Abereriette	deen A	ve.	Balto	., Md.
3	WITH PAG		18 CAUSE OF DEA	ATH (Enter only o	ne cause per line f	ar (o), (b),	ond (c).)							APPROXIMAT BETWEEN ONSE	TE INTERVAL
N N	THIN 24 HOURS II IN ITEM 18. ( IR ALONG WI INSIT PERMIT. F IL HYGIENE, DI' REMOVAL.		PARTIDEATH	WAS CAUSED BY	AUSE (a) Hyp	erter	nsive (	Cardi	ovasc	ular I	Disease				TAIL DEATH
STO	AND ALCO		De Louis Co		DUE TO, OR A	AS A CONS	SEQUENCE O	F			Se the				
	NEW YEAR		Conditions, if gove rise to		(b)										
*	AANI AANI O		cause (a) statir lying couse las		DUE TO, OR A	S A CONS	EQUENCE O	F							
5, 20	CCUTE NO MINON				(c)										
DIVISION OF VITAL RECORDS, 201 W.	HOULD BE EXECUTED WITHIN 24 H RD "PENDING" IN PENCIL IN ITEN HIEF MEDICAL EXAMINER ALON USED AS A BURIAL - TRANSIT PER OF HEAITH AND MENTAL HYGISK RIAL, CREMATION, OR REMOVAL	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH BU	UT NOT RELATI	EO TO THE TERMI	IAL DISEASE	OR CONDITION	GIVEN IN PART	1 (a),				
. RE	PEND F AED FD AS A HEALT)	CERTIFICATION	190. DATE OF OPER	RATION	19b. CONDITI	ON FOR W	HICH OPERA	TION WA	S PERFORA	MED?				20 AUTOPSY	?
ĮĮ.	WORD WORD E CHIE SNT OF	Ĭ											100	YES []	NO 🗆
7	NE N	1 8	216. EXTERNAL CA		21b. TIME OF I		DAY YEAR	ZIc HO	W INJURY	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2		
NO	ON THE CONTROL		UNDERLYING CONTRIBUTING			MONTH	19								
VISIO	TING TING 3 SHC PRIC	MEDICAL	21d INJURY OCCU	RRED	21e PLACE OF			21f. LOC	ATION			107			
ā	RE THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PE PRWARDED TO THE CHIEF A R: PAGE 3 SHOULD BE USED. E STATE DEPARTMENT OF HELD D, 21201 PRIOR TO BURIAL, O	>	WHILE NO NO AT WORK	WORK	other, racro	rai, i anm, Eic		31	NLL)		CITY OR TO	JWN	COUNT	JY	STATE
	ATE, ORW ORW R: P.				the remains descri	ribed obav	e, held on	Autops	, .	Inspection	X, Inquiry	ind ond	in my opini	ion	
	A STATE OF THE STA		death resulted fro	m: Natural c	auses X	Accident [	Sylic	ide .	Hamici	de .	Undetermined m				
	ERT CERT CONTROL OF WITH WARN		8/1	1	TAK	//	PAH	7/1/1	TITLE (SP	PECIFY)					
	A H H H H H H H H H H H H H H H H H H H		SIGNATURE	ullu	10 X	nus	1/00	VUL	ASS	istan	L MEDICAL EXA	MINER	DATE SIGNED.	6/1/8	37
	MOE NO		EXAMINER'S NAMI	E D	de P										
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR! TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		(TYPE OR PRINT)	Deni	nis F. Sm		M.D.		DDRESS		Penn St.				
	E05549	23a.B	JRIAL, CREMATION,			23c N/	AME OF CEM	ETERY OR	CREMATO	RY	23d. LOCATION CITY OR TOWN		COUNTY	5	TATE
07/84 25M	BP	24 E	Remo	oval   6	3-87				12	G DATE DE	GID BY BEGUERA	AD ING DECIS	TO A DIC CLE	ALA TURE	
	DHMH - 17	1	NAME C+ 3 +	+ 0 N = +	omy Boa	rd	Pa1+		Md.	JUN	C'D. BY REGISTRA	AR 1738, REGIS	TRAR'S SIG	NATURE	
	(VR A15 ME (5))		Stat	Le Anat	Only BO	aru	Darce	1 . 1	PICE •		1001	17		1	and the same of th



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STAJE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED MARIE 23 19 87 FRANCES WHEELER 4 RACE 2d HOUR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS 2c DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 6;10 3 24 63 YRS DEAD Female White 13 19 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA WIDOWED DIVORCED Maryland IS CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Baltimore Key Medical Center Housewife Own Home SUAL RESIDENCE (IF IN NURSING MOUNT ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3ª STATE DMEQUATY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1908 Madison Road 21222 Baltimore Dundalk YES [] NO T Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Catherine Unknown Matthew Franz WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I LIF YES GIVE WAR OR DATES! 216-16-1803 Raymond E. Wheeler 1908 Madison Rd. 2122: 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN A EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN IT PAGE & SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALD TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSITE PAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEN'SH HYBARTER DEFAMILY WITH STATE DEPARTMENT OF HEALTH AND MEN'SH HYBARTER DEPARTMENT OF BURIAL, CREMATION, OF BEMOVI DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 210 EXTERNAL CAUSE WAS 215. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE WHILE AT WORK AT WORK 27a I certify that I took charge of the remains described above, held on Autopsy Inspection Notural couses X death resulted from Accident Hamicide Undetermined monner TITLE (SPECIFY) Deputy Chief
\_\_MEDICAL EXAMINER 5-27-87 ACTUAL Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23d LOCATION 23e BURIAL CREMATION REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Baltimore Maryland 5-27-87 Burial Garrison Forest 07/84 Duda-Ruck Funeral Home of Dundalk 1250 DATE REC'D BY REGISTRAR 1250 REGISTRAR GEOGRAPHICA DHMH - 17 7922 wise AVE. Dundalk, MD 21222 (VR A15 ME (5))



IS CITY OR TOWN OF DEATH  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS)  Baltimore  St. Agnes Hospital  St. Agnes Hospital  USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE)  Fel. School Sec. Sch. System  USUAL RESIDENCE (IF NURS  MIDDLE INSTITUTION GIVE RESIDENCE (IF NURS  MARY land Baltimore Halethorpe YES NOW 13d. INSIDE CITY LIMITS?  Halethorpe YES NOW 1777 Fairview Avenue 21227  IF FATHER'S NAME  FIRST  MIDDLE IAST  LOUIS A. Ford  Nina VanKeuren  166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  NO 213-20-3225 Robert Wheeler 1717 Fairview Ave. 21227  18 CAUSE OF DEATH LEnter only one couse per line for 101/16 ond IC.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	AENTAL HYG	0 /	. NO.	41	6 5	9 9 9 9
3 SEX  FEMALE  WHITE  7 24 14  72 YRS  GASE (INTERRS LAST BIRTHOAT)  WHOMEN DAY  FEMALE  WHITE  7 24 14  72 YRS  FEMALE  WHOWER DAY  MARRIED  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IS CITY OR TOWN OF DEATH  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IS CITY OR TOWN OF DEATH  DUSUAL RESIDENCE (IN NURS SAME DOURS SINEET ADDRESS)  Baltimore  USUAL RESIDENCE (IN NURS SAME DOURS SINEET ADDRESS)  MARY Land  Baltimore  USUAL RESIDENCE (IN NURS SAME DOURS SINEET ADDRESS)  MARY LAND  BALTIMORE CITY OR COUNTY OF DEATH  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IN NO IN SUCH FACILITY, ONE SIREET ADDRESS)  BALTIMORE  St. Agnes Hospital  DUSUAL RESIDENCE (IN NURS SAME DOURS SAME DOURS SAME SINE)  Jac CITY OR TOWN  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF DEATH  NO IN SUCH FACILITY, ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  MARY LAND  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  THE OWN OF THE WALL AND OWN ONE SIREET ADDRESS / ZIP CODE  THE OWN OF THE WALL AND OWN ONE SIREET AD		FIRST	MIDDLE	t/	AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOU	R
FEMALE  WHITE  7 24 14  72 YRS  MONITY DAY  MARRIED  MARRIED  NEVER MARRIED  NEVE		RUTH	F.	WH	EELER			_ 5	21 87	7:1	15PM
FEMALE  WHITE  7 24 14  72 YRS  PARTIHERACE (STATE OR FORE IGN COUNTRY)  MARRIED  NEVER MARRIED	3 SEX	4 RACE				VEAR	6. AGE (IN YEARS LAST	BIRTHDAY			-
MASS.  U.S.A.  WIDOWED DIVORCED Baltimore City  MD  IQ CITY OR TOWN OF DEATH  NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore  St. Agnes Hospital  USUAL RESIDENCE (IF NURS  STATE  USUAL RESIDENCE (IF NURS  OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  136. STREET ADDRESS / ZIP CODE  YES NOW  171. 7 Fairview Avenue 21227  15. MOTHER'S MAIDEN NAME  FIRST  IOUIS  A. Ford  Nina  VanKeuren  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNINNOWN)  (IF YES, GIVE WAR OR DATES)  NO  213-20-3225  Robert Wheeler  1717 Fairview Ave. 21227  18 CAUSE OF DEATH LEnter only one couse per line for 10, 162, and 10.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  gove rise to immediate  WADDRESS  WIDDRE  TATH  COUNTY  MD  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  127. CITY OR TOWN  (TYPE OF WORK FOR MOST OF WORKING LIFT)  128. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  128. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT)  129. USUAL OCCUPATION  (TYPE	FEMALE	WHI	TE	7			72	YRS			
Baltimore  USUAL RESIDENCE (IF NURS OF ACHIEVE INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  Baltimore  USUAL RESIDENCE (IF NURS OF ACTIVE INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  Baltimore  USUAL RESIDENCE (IF NURS OF ACTIVE INSTITUTION (IF POWN INSTITUTION (IF POWN INSURE) IN INSURE CITY LIMITS?  IAG. CITY OR TOWN  IAG. CITY OF TOWN  IAG. CITY OR TOWN  IAG. CITY OF TOWN  IAG.	COUNTRY)			MARRIE							MD
13d. INSIDE CITY LIMITS?   13d. STREET ADDRESS / ZIP CODE   120   171.7 Fairview Avenue   2122.7   15   MOTHER'S MAIDEN NAME   18   18   18   18   18   18   18   1	Baltimore	(IF NOT IN S	. Ames H	ospita		ITUTION	120 USUAL OCCUP	ATION STOF WORKING	LIFE) INDUSTR	Balto	. Co.
I FIRST MIDDLE  I OUIS A. FORD  Nina VanKeuren  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DAIES)  NO  18 CAUSE OF DEATH (Enter only one couse per light for 10) (Ib) and Ic.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, ORAS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  DUE TO, ORAS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate	130 STATE	THE COUNTY	13c. CITY OR TOV	VN	YES 🗌	ио 🙀	1717 Fai			2122	7
160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   (18 VES, NO OR UNKNOWN)   (18 VES, GIVE WAR OR DAIES)   213-20-3225   Robert Wheeler   1717   Fairview Ave.   21227		MIDDLE	LAST.					E		LAST	
(YES, NO OR UNKNOWN)  NO  213-20-3225  Robert Wheeler 1717 Fairview Ave. 21227  18 CAUSE OF DEATH lenter only one couse per lae for 10 165 and 10.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, ORAS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate	Louis	Α.	for	d		Nina			nKeure	1	
NO 213-20-3225 Robert Wheeler 1717 Fairview Ave. 21227  18 CAUSE OF DEATH (Enter only one couse per line for 10) (b) ond ic.  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, ORAS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  (b)  Carcinoma = TAff BSO			166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADI	DRESS			
PART I. DEATH WAS CAUSE OF DEATH (Enter only one couse per line for 10) (16) and ic.  DUE TO, ORAS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  (b) Endometrial Carcinoma = TAFF 850	1.46.	(11120, 0112 11110 11 011 011 011	213-20-	3225	Robe	rt Whee	eler 1717	Fairy	iew Ave	2. 21	227
Conditions, if any, which (b) Endometrial Carcinoma & 1Aff 1850		WAS CAUSED BY	Cardiac	nd ic.	ot				BETWE	OXIMATE INTER	DEATH_
underlying couse lost DUE TO. OR AS A CONSEQUENCE OF (c) Athal Fibrillation = Rapid Ventricular response	gove rise to im	which (b), mediate ang the DUE TO.	OR AS A CONSEQU	ENCE OF				PSC respe	) anse		

Wolf Parkinson White Syndrome 190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED

21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE, FARM ETC 1 NOT WHILE

21f LOCATION CITY OF TOWN COUNTY

22a 1 certify that (this haspital) attended the deceased from 2 sow the deceased alive on above, (we) (did) | the new yew the body after death

and that in (ay) (our) opinion death occurred of the date and hour and from the causes stated

226. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIANDE 221. DATE SIGNED

STATE

Md.

900 CATON AVE - BALTIMORE.

_		01	70		2	Orl	1
0	BURIAL,	CREMATI	ON, REMO	VAL	23b	DATE	
	(SPECIFY)						

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d LOCATION CITY OR TOWN STATE

Burial 24 FUNERAL DIRECTOR

Crestlawn Cemetery

Marriottsville Howard

5/26/87

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

to buriol, cremotion, or

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

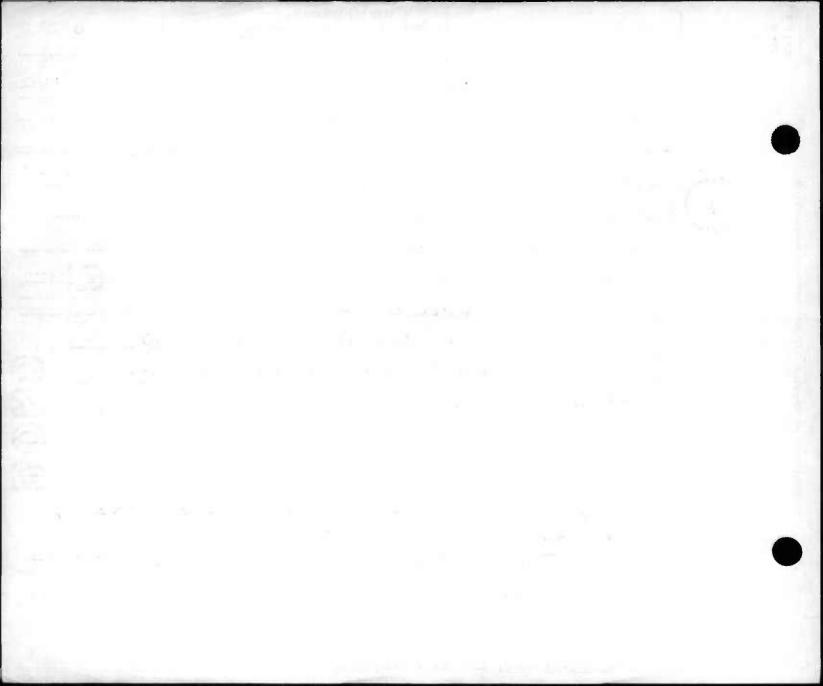
FUNERAL DIRECTOR

morked or Hem 18

MPORTANT: If Nem 21 is

CERTIFICATION

MEDICAL



		ay be	
		age 4 m	
	Ų	death P	
201	U	urs after	
AND 21		n 24 hou	
MARYL		ed with	
IMORE,		e execut	
T., BALT		tificate b	
STON S		leath cer	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		THE CONTROL OF THE LEAST OF THE CONTROL OF THE CONT	A
RDS: 20		1	4
IL RECO		A law	
OF VITA		CIAN T	constitut Succession of mind
NOISIA		5 PHYSI	
DI		ENDING	
11		pe. I	500

05	3 2 5 2 1 AY	13	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	4 1 6 6
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	y be		Willia		Whippo	5	9 87 100 PM
	ge 4 ma ector pe rs ofter 4	3 SE	<sup>×</sup> Male	White	JUNIE 13'4 1915	6 AGE (IN YEARS LAST BIRTHDAY) 67	MONTHS DATS HOURS MIN.
	neral din	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE		
	The transfer of		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTIO		IZE KIND OF BUSINESS OR INDUSTRY
201	file by		Baltimore	Union Men	orial Hospital	Foreman	Plating Co.
MARYLAND 2120	filled in	130,	Maryland	NTY 13c CITY OR TOW Baltimor	N 13d. INSIDE CITY LIM	2804 List Ave	
ARY		1 2	FIRST	MIDDLE LAST	FIRST	WIDDLE	1AST
	9 0	I for	Charles Miller WAS DECEASED EVER IN U.S. A	Mhippo RMED FORCES? 1166 SOCIAL SECU	Anna Be	elle Wrye	01000
AOR	exe open open		YES NO OR UNKNOWN) (IF YES G	201-07-9		v C Reynolds 7906 F	21236
., BALTIMORE,	thrate be physician papers. F naval. ent, the n		18 CAUSE OF DEATH (Enter of	inly one cause per line far (a), (b), an ED BY:  (TE CAUSE (o) C MAR D (	d (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	certh ing printer in ren		IMMEDIA			T PATERCIAN	
STO	ttend trend ve co ian, o	100	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NATISA EMBO	LU3	
984	4 10	1	gave rise to immediate couse 10, stating the	DUE TO, OR AS A CONSEQU			
Underlying cause last DUE TO, OR AS A CONSEQUENCE OF UNEWOUS THROW BOILS, CUM							4
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							
ORD	1 55 1	Įģ	AJPIRD	TrION PNEU	MONITIS,	CUA	
AL RECO	the last be a post of the part	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO   IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
OFVIT	Ctan physical physica	CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	IB PART   OR PART 2)
VISION	G PHTS of the burning and Me burning Me	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	211 LOCATION	CITY OR TOWN	COUNTY STATE
- 5	A Paris			gital) attended the deceased fram_	APRIL 30 19	87 10 MAY 9	. 19 17 8 7 that (1) (see) lost
	E 200 2		saw the deceased alive a above. (1) (Ma) (did) (did)	n 600 9 19	97 and that in (my) (our) a	ppinion death occurred on the date and	hour and from the couses stated
	and Maria		226. SIGNATURE	^	DEGREE		226 DATE SIGNED
	T 3864_			uh J. Vocai		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	5/9/87
	HOSPI Block by the Signal		224 PHYSICIAN'S NAME (TYPE	ORPRINT)  NK J. UCCE;	201 EUN	J. Union Memorial H	ospital
U TO	51 5413	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	(COUNTY SEAT
	BP	L		May 14.87 Se	curity Process	Baltimore Co	
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Dippe	May 14 87 See Funeral Homes	Inc.	250. DATE REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATURE Randons
	(VRA 15, 4)	7	110 Belair Roa	d Baltimore, MD	212.00	WAY 1 1 1901 8	Development of the second

5537

4 may be

		STA	TE OI	MAR	RYLAND	)
--	--	-----	-------	-----	--------	---

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1,-	FOR STATE REGISTRAR			FHEALTH AND MENTAL HYGI IFICATE OF DEATH	REG. NO.	416	) /
		CEASED NAME FIRST BABY	BOY WHITE		LAST	MAY 31, 1987	DAY YEAR	26 HOUR 4;44A M
	3 SE>		4. RACE	5. DATI	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	M	ALE	BLACK	MO	"05/31 <sup>™</sup> 7′1987 <sup>EAR</sup>	YRS	MONTHS DAYS	HOURS MIN.
5	0	RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF WHAT O	MARK	RIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O		MD
A		TY OR TOWN OF DEATH	CIENOT IN SUCH FACILIT	AL, NURSING HOMI Y. GIVE STREET ADDRESS) IS HOPKINS	E OR OTHER INSTITUTION  HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR TATE L36 COUN RYLAND	ITY 13c CI	IDENCE BEFORE ADMISSION TY OR TOWN LTIMORE	N) 13d. INSIDE CITY LIMITS? YES NO [	136 E. PRATT S	PF. 2120	)2
		THER'S NAME LTER	widdre WH]	TE	15. MOTHER'S MAIDEN NAME EVELYN	MIDDLE	ILLIPS LAS	л
		VAS DECEASED EVER IN U.S. AR. VES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SC E WAR OR DATES)	OCIAL SECURITY NO	EVELYN WHITE	ADDRESS ABOVE		
		IMMEDIAT  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	CMATUR CONSEQUENCE OF HORLO AM CONSEQUENCE OF MATURE	INIONITIS	C MEMBRAN	es	7)7
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	SIVEN IN PART I	o
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERAT	ION WAS PERFORMED		YES, WERE FINDING TIFYING CAUSES	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	III	RY ONTH DAY YEA I'	AR .	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJI	URY FORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		270.1 certify that (1) (this haspi saw the deceased alive an above, (1) (see [cin]) (sid no	MAY 13	19 87 eath.	and that in (my) (our) opinion of	deoth occurred on the date and h		
		234 PHYSICIAN'S NAME (1995)	· Hya	e MD	ATTENDING PHYSICIAN 224 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4/1	187
			IDE, NO	and the second devices	JOHNS HOPKI	US HOSPITAL,	BALTM	ORE, MC
	(	BURIAL, CREMATION, REMOVAL (SPECIFY)	6/1/109		F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN  DAT TTMODE	COUNTY 2126	STATE

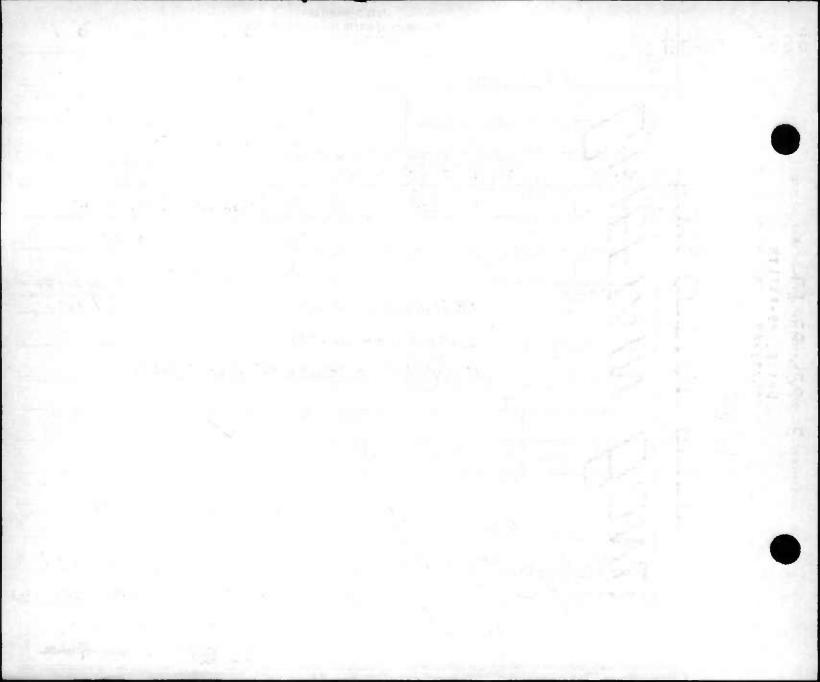
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

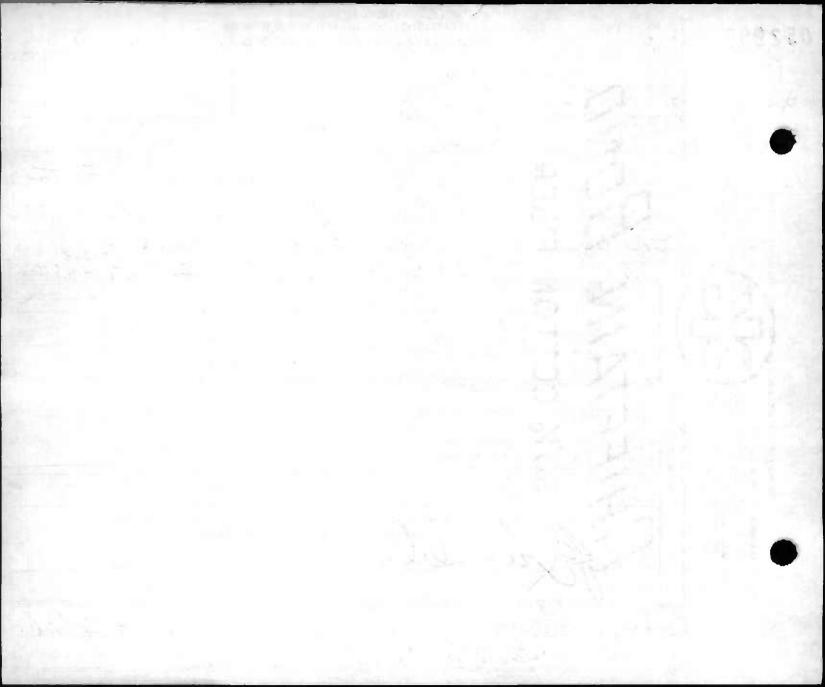
ADDRESS

25a. DATE REC'D. BY REGISTRAR 27b. BEGISTRAR'S SIGNATURE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN OF ESTI-. DECEASED NAME TTYPE OR PRINTS AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. MOULD BE FILED, WITHIN 72 HOURS RECORDS ( 24) W PRESTON STREET, EMILY WHITE 4 RACE 5 DATE OF BIRTH IF LINDER LYR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City DIVORCED ID. CITY OR TOWN OF DEATH S. Carey Street Baltimore 14 FATHER'S NAME INFORMAN! 14b. SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac tamponade DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which rupture of myocardial infarct of left ventricle gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. arteriosclerotic cardiovascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY INTHOME. 211 LOCATION STREET, FACTORY, FARM, ETC. I WHILE AT WORK AT WORK STREET CITY OR TOWN COUNTY STATE 220 I certify that I took ch we at the regiains described above, held an Autopsy Inspection death resulted from TITLE (SPECIFY) ACTUAL 5-3-87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NA 111 Penn Street John E. Smialek, M.D. ADDRESS TYPE OR PRINT 23d. LOCATION BURIAL, CREMATION, REMOVAL 231, DATE CEMETERY OR CREMATORY nation 4 MUNERAL DIRECTOR **DHMH - 17**

(VR A15 ME (5))



3 8 7 7 MAY 1	018	FOR STATE REGISTRAR		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO		1 6	5 9
ed to be		CEASED NAME FIRST	MIDDLE	اما	nite	70 DATE OF DEATH	5-14.		LOSPM
ge 4 moy ecto. po	3.58	Temale	Black	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDI	ERIYEAR IF	UNDER 24 HRS
of 127 B	Ja. 81	RTHPLACE (11-4) OR FOREGO	76. CITIZEN OF WHAT COUL	MARRIEI WIDOWE	NEVER MARRIED	BOLTIMORE CITY O	are Cit	tu	_MD.
1 90	1	Saltmere	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)	R OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126 FYORKING LIFE) INC	KIND OF 8U DUSTRY	USINESS OR
35	13a. S	TATE 136 COUR	NOTHER INSTITUTION GIVE RESIDENCE NTY 13C CITY O.	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	3723	ZIP CODE NICHELO	hts R	d 2121.
	14. E	JOHN JOHN	MIDDLE LA	ughn	15 MOTHER'S MAIDEN NA ROSA	WE	,	Hard	u
160		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIA VE WAR OR DATES)  218-2	2-7428	Mable Pa	ADDRE 37.	23 Mic	theigh	hts Rd
es that the death certifi- red by the attending physics remove carbon a uniol, cremation, or remo- y, as other traumatic ever		PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 CITHER SIGNIFICANT (	DUE TO, OR AS A CON  1b) 11  DUE TO, OR AS A CON  (c)	ISEQUENCE OF		ATUS U)	CANS DITION GIVEN IN	6 m	1/2s.
on the requirement of the control of	CERTIFICATION	(1-N)	GESTIVE D	Mond	FAS/URG	200 AUTOPSY?	206. IF YES, WER	E FINDINGS CAUSES OF	SUSED DEATH?
CLAN. The physical profession of transfer page and the physical page and 18 shows the physica	1000	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR				.0 []
Alter this on the burth ond Me burth ond Me	MEDICAL	214 PHJURY OCCURRED  WHILE STORE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY,	7/	211 LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE
AL OF ATTENDI the hospital or AL DIRECTOR, A sensibled for use or Dags of Heal	1	270 I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 271 SIGNATURE)	5 / / 7	19.07	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the di	FF 2		
HOSPITA Smed by D FUNES sould be d th the Sto		THE PHYSIMAN'S NAME (TYPE OF ZAW)	or PRINT) - WEN , my	0	170 ADDRESS	1e Gens	TMCC	m	21215
51 5413	23a	BURIAL, CREMATION, REMOVAL	236 DATE 5/20/87		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Mid	NIY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

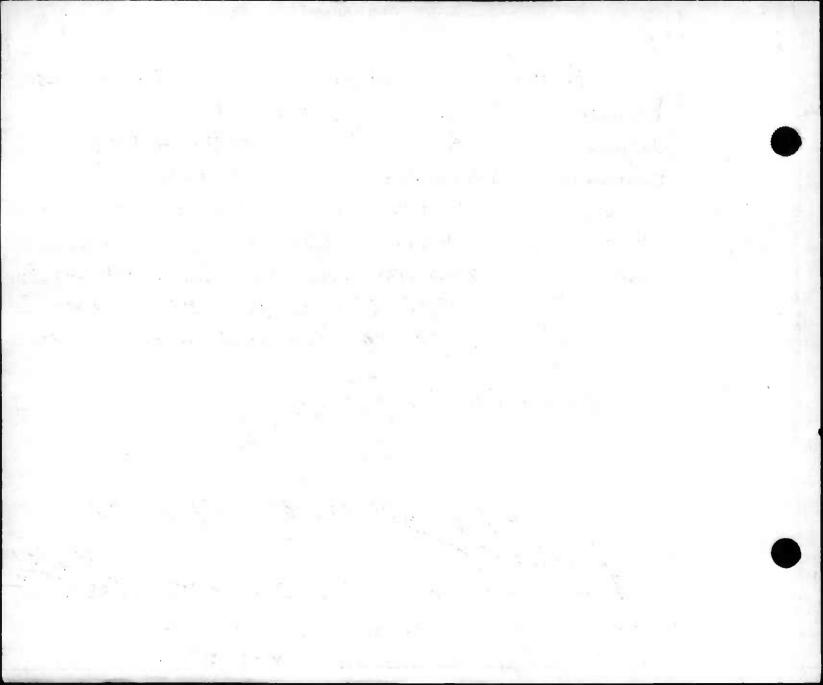
Burial Jorgan F/H West,

4300 Wabash Ave

Laurel, Md.

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

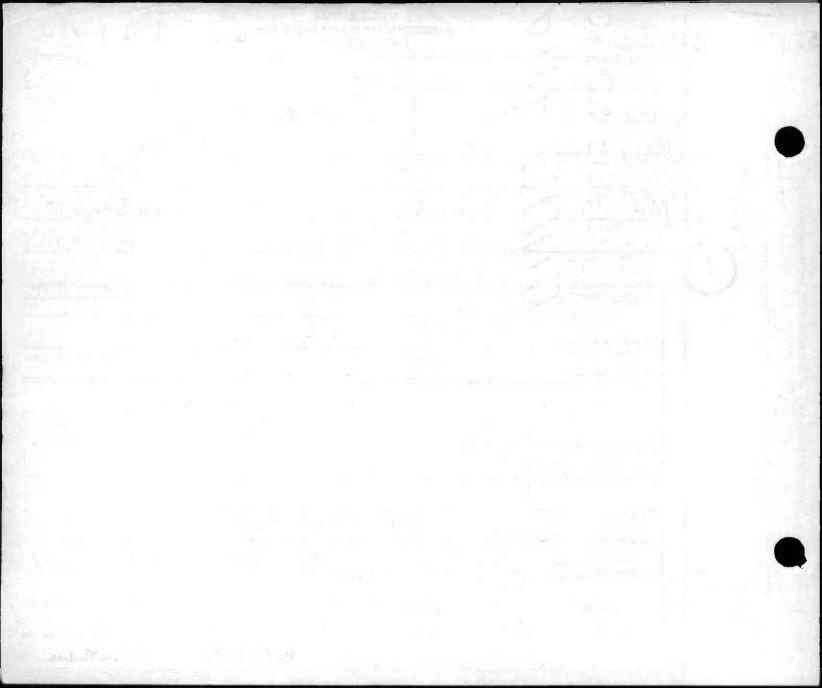
MAY 1 8 1987 Aulia Books. Produce



6	Z:	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 7	4170		
0.			ECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 25 HOUR		
p e	page 3	(17)	James		WHITE	May 6, 1987	10:20 <sup>A</sup>		
yar	pog de de	3 5		ACE_	5 DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS		
ge 4 n	director, p hours after	-	-Male	Black	10 - 19 - 1938	48 YRS	ONTHS DAYS HOURS MIN.		
F. P.	2 ho	7 o. E	IRTHPLACE (STATE OR FOREIGN 76. C	ITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH		
eot	2	1	yaryland /	1154	WIDOWED DIVORCED	Baltimore Cit	y MD.		
e.	with with	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
S	F P P	5	Baltimore /		General Hospital		, I wood		
יוסר	be the		AL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	La expert Apperes / 710 cons	2121		
24	Filled	130	TATE 136 COUNTY	13 CITY OR TO	YES NO 1	13e STREET ADDRESS/ZIP CODE	Street		
di L	≻ <sup>4</sup> 의	14. F	ATHER'S NAME	15/0/1	15 MOTHER'S MAIDEN NA		0		
-	12/43	De	PIRST S MOD	(1)h. to	Sr Annie	WIDDLE	Shorroll		
-	7/100	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	JITOHOH		
1	1 1/		(YIL ON THE NOWN) (IF YES, GIVE WA		-7329				
3	N	1-	yes !	417-21	7 10/211		APPROXIMATE INTERVAL		
6	1 000 to		PART I. DEATH WAS CAUSED BY		c arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
T.	200		IMMEDIATE C.	AUSE (U)					
-	000			DUE TO, OR AS A CONSEC		4444			
-6	orto trou		Conditions, if ony, which gave rise to immediate	(b) Electi	Electro mechanical dissociation				
-	4111		cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEC			coagulation.		
2	0 0 0 0			100	le Tampondd, Dissse				
Ē	1000	1,			O DEATH BUT NOT RELATED TO THE TERM				
8	E 2 4	No.			ular pneumonia; ren				
1	1199	CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?		
25	41000	4 1				YES NO YES	NO [		
Z	Hy Hy	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)		
ICIA 9 P	ind-t	1 3	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
HYS	bur	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE		
O b	s the s the s and sked	2	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.)	CHIOKIOWA	STATE		
Z à	Se o se o mor		22a.1 certify that 26) (this hospital)	attended the deceased from	April 19 19.87	to May 6	19 87 that with (we) last		
TEN	or un		saw the deceased alive on	May 6 19	87, and that in (my) Mur) opinion		0, 21		
R A hosp	REC ppt ppt		obove, (New) (did) (did oot wi	w the bady after death.	DEGREE		224 DATE SIGNED		
e e	e De la Fil		Sames	Kelly DO	ATTENDING PHYSICIAN (	MEDICAL STAFF	5-7-87		
PITA	Stot		22d. PHYSIC IAN'S NAME (TYPE OR PRI	NI)	22e. ADDRESS	DIRECTOR   PHISICIAIN	7		
HOS	Should be det with the State			elly, D.O.		aryland General H	ospital		
0 0	Short Short	22	BURIAL CREMATION, REMOVAL 12		NAME OF CEMETERY OR CREMATORY		7 - 0-1		

DHMH - 16 60M 7/84 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE FUNERAL DIRECTOR



05	757 July 2	7 0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
000			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR
	oy be	(TYP)	E OR PRINT)  MARTH	A E	WHITE	5 4 87
	o b o c	3. SE	X /	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR
	age 4 rector		FEMAJE	white	4 - 22-1987	O PRS
	P. P. S.		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
	decath decath		Md Word	U.S.A	WIDOWED DIVORCED	BALTIMORE City
	5 A 3 -	10. C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY_GIVE STREET)</li> </ol>	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201			Baltimore ,	SOUTH BAUT. GE	N. HOSTITAL	Machine Operator, Md.
21	be be		AL RESIDENCE (IF NURSING HOME OF C STATE 136. COUNT			113 STREET ADDRESS / ZIP CODE . Bal
QN	1 E - C			FIMORE BAL	YES NO	1310 William St M
YE	(if )	14. E/	ATHER'S NAME	YOULDR	15. MOTHER'S MAIDEN NA	
MARYLAND			KINSEY "	M NEO HAS	E vettettuste	MIDDLE NAST
ж п,	D Se o		WAS DECEASED EVER IN U.S. ARM		RITY NO. 17 INFORMANT	ADDRESS
BALTIMORE,	n and medic	(	YES, NO OR UNKNOWN) (IF YES, GIVE	218-10	-6075 Iona L.Wh	ite, Same as above
	rificate k a physicia an papers emaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: RECO'N		APPROXIM- BETWEEN O
PRESTON ST	es that the death certificate ned by the attending physic please remave carbon pape urial, cremation, ar remaval.		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ATIC FUTRADUCTA	AL BREAST CA
w.	that the		cause 101, stating the underlying cause last.	DUE TO, ORAS A CONSEQUE	FAILURE	
RDS, 20	equires n signed Then pl r ta burn injury, a	N O	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECO	ian. he law r has bee t permit. iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDIN IN CERTIFYING CAUSES (
ION OF VITAL RECORDS	KCIAN: The g physicial g physicial errificate h ial-transit intal Hygielem 18 sharem	14	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
NO NO	HYS nding his c bur d Me	EDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY

FOR

STATE

DEGREE 226 SIGNATURE ATTENDING MEDICAL STAFF **PHYSICIAN** DIRECTOR PHYSICIAN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) ge, Howard Buria 1987 Meadowridge Mem 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SONATURE 24 FUNERAL DIRECTOR 1987 Funeral E.for

19\_

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

26 HOUR 9.00 IF UNDER 24 HRS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

.Cup

MD.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the with the State Dept. of Health an

IMPORTANT: If hem 21 is

TO FUNERAL DIRECTOR. After

etained by the haspital

BP.

OR ATTENDING

HOSPITAL

WHILE

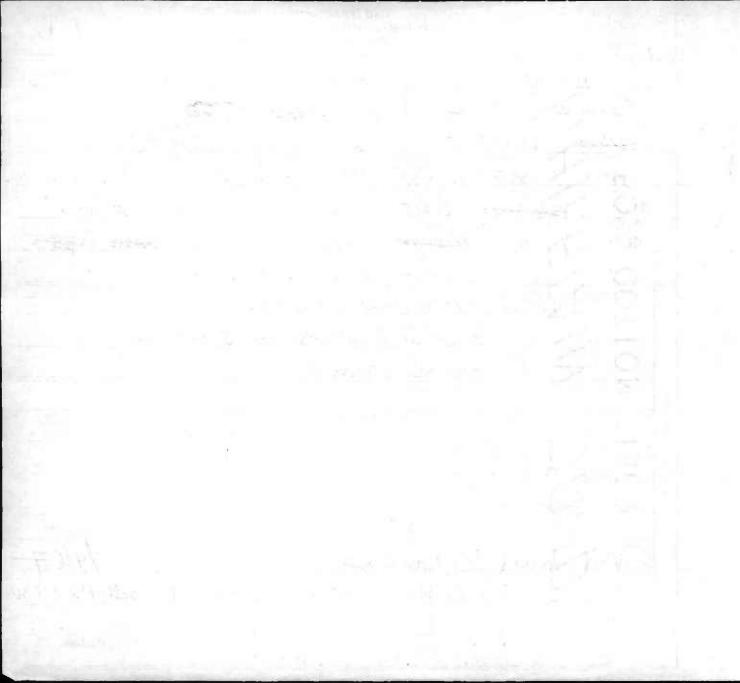
WORK

NOT WHILE

saw the deceased alive an\_

220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive on 5 day after death.



neval director, page 3 in 72 hours ofter death

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	312	IL OI M	WILLI	MIND	
DEPARTM	ENT OF	HEALTH	AND	MENTAL	HYGIENE
	CERT	IFICATI	OF	DEATH	

0	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	41/2				
fin	1. DECEASED NAME FIRST	WIDDLE	L.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
1	(TYPE OR PRINT)  CHARLO	TTE M.	WHI	TEFORD	5	20 87 9:20AM				
1	3 SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS				
1	Female	White	MONTH 6		70 ves	MONTHS DAYS HOURS MIN.				
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		27 10	9 BALTIMORE CITY OR COUN					
-	COUNTRY)		MARRIE	NEVER MARRIED						
9	Mary Land  IB CITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Baltimore Ci	126 KIND OF BUSINESS OR				
1	Baltimore	St. Agnes H	ospital	N OTTER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING HOmemaker					
1	USUAL RESIDENCE (IF NURSING HIS ME OF 136 STATE  Maryland  Ba	NTY 13c. CITY OR	TOWN SVILLE	13d. INSIDE CITY LIMITS? YES NO 🔼	13. STREET ADDRESS / ZIP CO 711 Maiden Cho	or Dice Lane 21228				
2	TATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE	1457				
2		ttings Park		Anna	Virginia	Parks				
-	160 WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS	21401				
1	(YES, NO OR UNKNOWN) (IF YES, GIV	214-4	8-1424	William A. W	Whiteford 2039 C					
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  196. CONDITION FOR W.  216. TIME OF INJURY 1  HOUR A.M. MONTH  P.M.  216. PLACE OF INJURY	EOUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19	N WAS PERFORMED OF SECOND TO SECOND	YES NO IN CER	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO 1				
	22a 1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no	WHILE NOT WHILE (AT HOME, STREET FACTORY OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE								
_	22d PHYSICIAN'S NAME TIPE	JR PRINT)		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN D	220 DATE SIGNED 5/20/87				
	230 BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d LOCATION					
	Burial	5/23/87	Dulaney	Valley Mem.	Gar. Cockeysvil	lle Baltimore Md				
	24 FUNERAL DIRECTOR		2122	250 DAT	E REC'D. BY REGISTRARIAS REG	ISTRAR'S SIGNATURE				
	Hubbard Funeral	Home, Inc. 41	07 Wilke	ens Ave.	MAY 22 1981	hreson Kernens				

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT; If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,



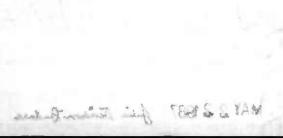
STATE OF MARYLAND

A						SIAII	OF MAKTLAND				
) 54366 III	7 1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	0 /	14	173	
		ECEASED NAME	FIRST		MIDDLE		vs1	REG. NO	O. GAY YEA	AR 2b HOUR	
may be page 3		E OR PRINT)	ALPH			rite i	1	1	5 11 87	2 11:06 Am	
ctor. pos	3 SE			RACE	ite	5 DATE C	F BIRTH  DAY  19  YEAR  24	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS. AVS HOURS MIN.	
oth. Pag	76. B	IRTHPLACE (STATE OR F			WHAT COUNTRY?		□ NEVER MARRIED □	9, BALTIMORE CITY O	R COUNTY OF DEATH	1	
the fundamental	10.0	Marylan ITY OR TOWN OF DEA		1. NAME OF	HOSPITAL, NURSIN		D DIVORCED NOTHER INSTITUTION	12d USUAL OCCUPATM		ND OF BUSINESS OR	
(2)	13a	Balto.  JAL RESIDENCE TIE NURS STATE	ING HOME OF O		13c CITY OR TOW		13d. INSIDE CUTY LIMITS?	13e.STREET ADDRESS /		21205	
		Md . ATHER'S NAME			Balto.		YES NO 15. MOTHER'S MAIDEN NA	928 Quant	eril way	21205	
# 1 120c		John	A41	Wh	itehead		Maybell Maybell	.e	Bloch	cer	
MORE, und	110	WAS DECEASED EVER YES, NO OR UNKNOWN! Yes		WAR OR DATES	166 SOCIAL SECU 218-12		Ms. Gert	920 ADDRE		il Way	
201 W. PRESTON ST., B In that the death certific ad by the ottending phy lineae remove corbon and inoi, cremation, or remov as other traumatic event			Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O	R AS ACONSEQUE	ENCE OF	yopathiz			
DIVISION OF VITAL RECORDS, 20 DIVISION OF VITAL RECORDS, 20 The Properties of the requires. The fore requires are the based determing permit. Then gle the and Methall Hygomera prior to the rich or was a final properties.	CERTIFICATION	190 DATE OF OPERAL					NOT RELATED TO THE TER/	200 AUTOPSY?	206 IF YES, WERE FIN	NDINGS USED	
CLAN THE CHARGE CONTRACTOR CONTRA	97	21a. ACCIDENT WAS UND OR CONTRIBUTING ()	CAUSE OF DEATH	21b. TIME C HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP				
MINISTON OF PRINS OF	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE   AT HOME STI	OF INJURY REE1, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE	
ATTENDIA APPENDIA APPENDIA APPENDIA APPENDIA APPENDIA		220.1 certify that (h) saw the decease above, (l) (we) (c	ed alive an_	5/1	19_		d that in (my) (aur) apinian	death occurred an the do	ate and haur and from	that (I) (we) last	
TAL OF TAL OF TAL DIRE detocher Copy No. 1 the horse Copy No. 1 the hors		27b. SIGNATURE	Trac	ea.	Cordes	ا ا		MEDICAL STAF	F - 5	11/87	
O HOSPIT Housed by House beautiful be WPORTAN		Grace	ME ITYPE OR P	1	ROTS	MD	FSKM(	2			
25 4 2 7 3	230	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
DD		Domo	*** 1	5 12	07						

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

State Anatomy Board Balto., Md. MAY 2 2 1987



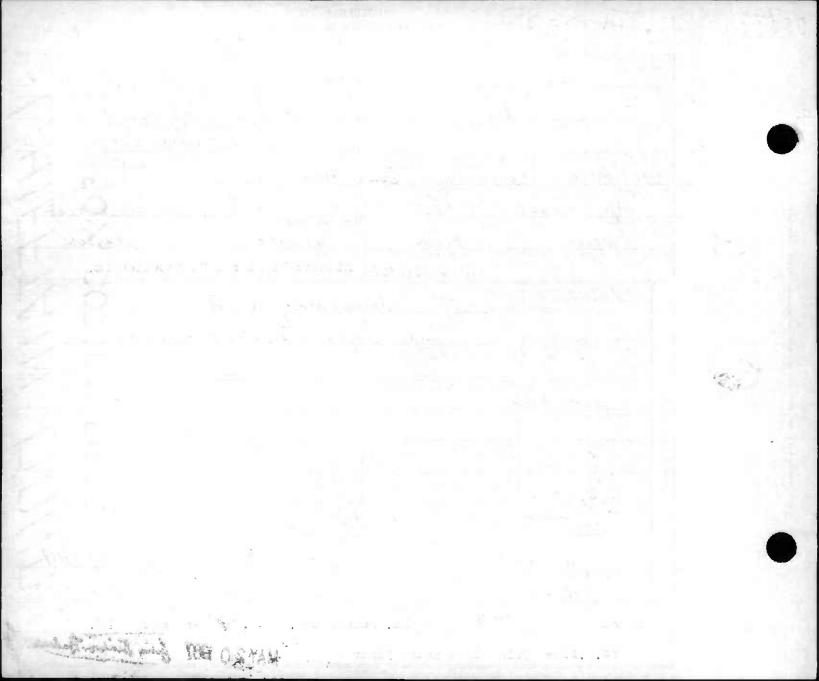
1300 Eutaw Place

DHMH - 16 60M 7/B4

(VRA 15, 4)

Chas.A.Rice FSPA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES



053559 HAY

lled in by the funeral director, page 3 and be filed within 72 hours after death

injury, or other troumotic event,

ST	A	TE	OF	M	A	DY	1.8	ND	
21	m	ILE	VI	177	m	K I	LP	שחו	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	4	To the same of the	1	5
REG NO					

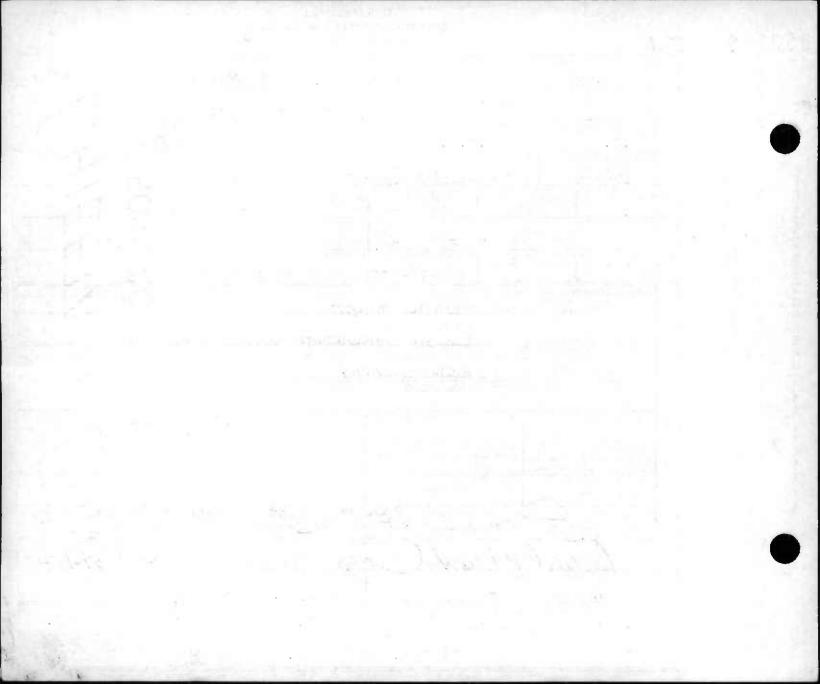
	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	FIEND 7 REG. NO.	1 / 5
Ī	1 DECEASED NAME FIRST	MIDDLE	Ĺ	AST AST	20 DATE OF DEATH MONTH DA	
I	Steward		Wigain	s Jr.	MAY 7 1987	9360 M
	3 SEX	4 RACE	5. DATE C			FUNDER I YEAR IF UNDER 24 HRS
ı	MALE	BLACK	MONTH Q	1 7 YEAR 3 2	54 YRS	ONTHS DAYS HOURS MIN.
J	TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D MEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1	N.C.	U.S.	A. WIDOWE		Baltimore City	MD.
t	10. CITY OR TOWN OF DEATH		TAL, NURSING HOME C		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Æ	Baltimore		ITY, GIVE STREET ADDRESS)	+-1	Truck Driver	INDUSTRY
	USUAL RESIDENCE I IF NURSING HOME O		Orial Hobbi	Lal		
4	13a STATE 13b COU	The state of the s	ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
1	Md.	В	altimore	YES MO NO I	5000 Denview	Way 21206
1	IN PAINER S INAME	MIDDLE	LAST	FIRST	WIDDLE	LAST ,
4	Steward		CINS Sr.	MARY	ADDRESS	LARK
ľ	(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
L	NO	5	79-42-937	P BETTY SMI	TH 5000 Denvie	
ſ	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per line fo	or (a), (b), and (c).)			BETWEEN ONSET AND DEATH
I		TE CAUSE (o)	DDIAC AD	DEST		
I		DUE TO OR AS A	CONSEQUENCE OF			
ı	Conditions, if ony, which	^		OCARDIAL IN	PARCTION	
	gove rise to immediate couse (a), stating the	DUE TO ODAS	CONSEQUENCE OF			
ı	underlying couse lost.		ZDIOMYOPA	774V		
ı	PART 2. OTHER SIGNIFICANT	100			AINAL DISEASE OR CONDITION GIVE	N IN PART I:o
1						
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED
1	DIA				YES NO IN CERTIFY YES	ING CAUSES OF DEATH?
Н	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJU	IRY	71r HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM TO PA	
			MONTH DAY YEAR		TEMERANDAE OF THE PARTY AND THE PERTY AND THE	
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF IN.	19	211 LOCATION		
ł	WHILE NOT WHILE		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
ı	AT WORK AT WORK		Acres	(3)	****	
1	220.1 certify that (I) (this.hosp	A A A		, 17		9 T, that (1) (e) ast
1	sow the deceased alive or		deoth.		death occurred on the date and hour	-
1	17h SIGNATURE	101	///	DEGREE	WEDICAL CTAFF D	224. DATE SIGNED
I	TUCAQUE	Y FIACE	ne ,		MEDICAL STAFF DIRECTOR PHYSICIAN	5/7/57
٦	THE PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		
1	Richard	Frank	rel MD	201 Univers	sitv Parkwav	
†	23a BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	
	Burial	5-14-8	7 HARM	ONY MEM. PA	RK TANDOVER,	COUNTY MD STATE
1	24 FUNERAL DIRECTOR	1 3 14 0		25a. DAT	TE REC'D. BY REGISTRAR 256 REGIST	AR'S SIGNATURENDA
	MARCH FUNERA	AL HOME	110T E. N		1AY 1 4 1087 June 4	Serial Property

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene price. IMPORTANT: If Hem 21 is morked or Hem 18 showsany

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician.



	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 7	o.   4	1 1	7 6
			MINA A.	WIL	-EY	20. DATE OF DEATH	5 16	7)	26. HOUR
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	5. DATE O		86	YRS	THS DAYS	HOURS MIN.
5		Md.	U.S.A.	WIDOWE	~/	Balto.	-		MD.
4		Balto.	11. NAME OF HOSPITAL, NURS	eet ADDRESS)	Hosp.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFE) 1	176 KIND OF INDUSTRY	BUSINESS OR
E	13a S	TATE 136 COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21214	OOD AVA
0	14 FA	Charles	MA. Gerstur	ng	Agnes RST	AE MIDDLE	Pasc	hell	
1	16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SE 215-24		17 INFORMANTLONG Claire Nash,				
		PART I. DE ATH WAS CAUSE	DUE TO, OR AS A CONSEC	dure of CVD	arest			APPROXIMA BETWEEN ON	ATE INTERVAL MET AND DEATH
	NOIL	PART 2. OTHER SIGNIFICANT (	conditions contributing to	O DEATH BUT I	NOT RELATED TO THE TERMI	nal disease or Coni	DITION GIVEN I	IN PART 110	
4	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?  YES NO	20h IF YES, WE IN CERTIFYING YES		
7	CAL	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
1	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		saw the decree of live an obove 10 we did it a no	ital) attended the deceased fram    16   19   view the bady   or death.	87 and	<u> </u>	, ta	. 17	d fram the co	ouses stated
	100	22h. SIONATURE	Proenter			MEDICAL STAP		5/16	GNED /8-7
1		BRUCE PRINCE	ROSENBERG (	1	1134 YORK	Ro Lu	THERVIO	LLE !	40 21093

231 NAME OF CEMETERY OR CREMATORY

Parkwood

AATORY

23d LOCATION
CITY OR TOWN

Balto. Md.

25e DATE REC'D. BY REGISTRAR 25b REGISTRAP'S STONATURE

MAY 1 9 1987

Julia Dioteles Contact Co

STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remaye carbon papers, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal. MPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

24 FUNERAL DIRECTOR

23b. DATE

Leonard J. Ruck, Inc., 5305 Harford Rd.

5-20-87

nutsini.

OF THE PROPERTY. .deoli

11010

"Hedoes"

Level per Long Beach Island, N.J. 08008

215-25-5104 Claice Math, hi Louisians vo., Beach Haven Mr.

ben steat 79-00-7

AL THE

· in the first of the terminal terminal

FOR 1 - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	7 REG. NO.	4		7	/
I DEGEASED NAME FIRST	,	MIDDLE	t	AST	20 DATE	OF DEATH, MONTH	DAY	YEAR	26 HOU	R
GEORGE		т.	L/s	ILHELM	5/	12/87			5:0	M
3. SEX	4. RACE	5	5. DATE C	F BIRTH 2.9-10 AR	& AGE (IN	YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	
MALE	WHIT	E	MONTH	7 79 10	1	6 YR	MONTHS	DAYS	HOURS	MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIM	ORE CITY OR COU		ATH		
MD.	U.S	.A.	WIDOWE		B/	ALTIMORE	CIT	Y		MD.
18 CHY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUA (TYPE OF WO	LOCCUPATION DRK FOR MOST OF WORKIN	IG LIFE) IND	-	F BUSINE	
130 STATE 136 COUP	VTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS? YES X NO		ADDRESS / ZIP C		Ε.	212	206_
14 FATHER'S NAME FIRST  GEORGE	WIDDIE	UAST WILHELM		15 MOTHER'S MAIDEN NA FIRST JOSEP		MIDDLE	Krec	ek		
160 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	11200	075		1000
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	214-40-5	082	PATRICIA	WILHE	ELM (WIF	E) S	AME	ADD	DRES
Due To, OR AS A CONSEQUENCE OF  Canditions, if any, which									MATE INTER	DEATH
gave rise to immediate cause (a), stating the underlying cause lost.	(0)	R AS A CONSEQUE	ol b	Cilility X	y CO	SE OR CONDITION	GIVEN IN	PART I		

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 211. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE

22d. PHYSICIAN'S NAME (IVPE OR PRINT)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL
23b. DATE
(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

5/15/87

PARKWOOD

234 NAME OF CEMETERY OR CREMATORY
PARKWOOD

234 LOCATION
BALTIMORE

ATTENDING

MD.

220 DATESIGNED

COUNTY

MSCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

BP

ould be detached th the State Dept.

IMPORTANT: If He

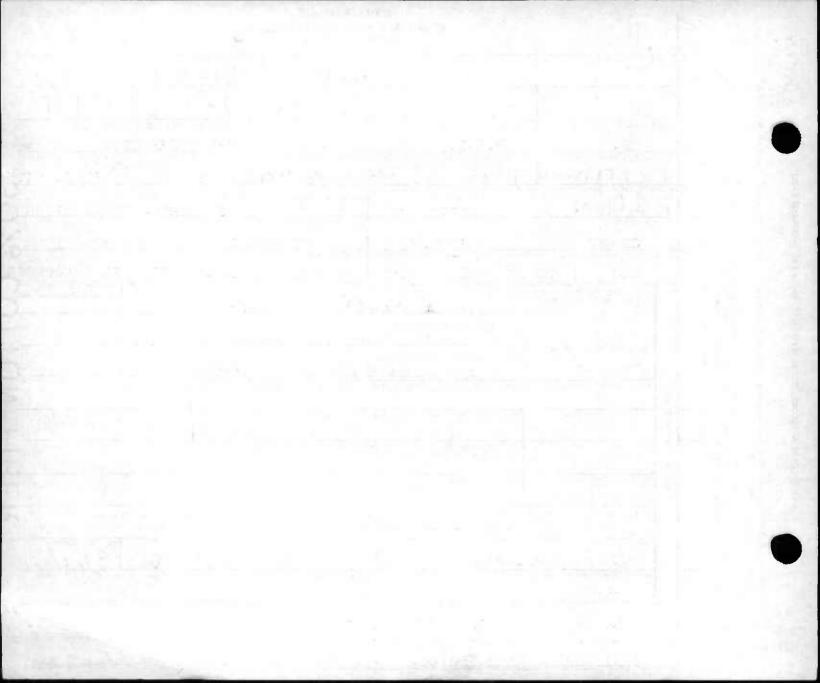
and Mental Hygiene

CERTIFICATION

MEDICAL

226. SIGNATURE

BURIAL



Charles A. Rice FSPA 1300 Eutaw Pl,

Julia Diridon Rendres

053	247
1Ds	22 8 82 8

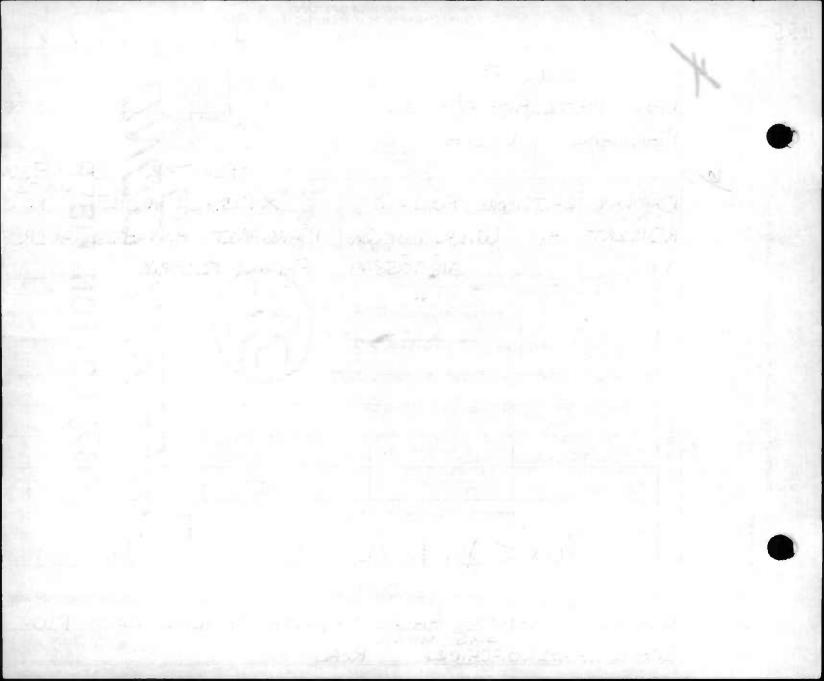
4. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNERAL DIRECTOR.
1.3. RETAIN PAGE 5 FOR YOUR FILES.
2. SHOULD BETALED, WITHIN 72 HOURS.
ALL RECORDS, 201 WA. PRESTON STREET, PRESTON ST., BALTIMORE, MD. 2120 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE FRONTED WITHIN 24 HOURS AFTER DEA EXECUTE THE CERTIFICATE, WRITING THE WORD "PER IN PROCEED IN 1TEM 18, GIVE PAGES PAGES A SHOULD BE FORWARDED TO THE CHIEF WEBSET. WANTER ALONG WITH FORM PAGES A SHOULD BE USED." TRANSIT PERMIT PAGES 1 AN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAN, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201, W 07/84 25M

**DHMH - 17** 

(VR A15 ME (5))

0.1		REGISTRAR		WEL	JICAL	EXAMIN	IEK 2	CEKTIFI	CAIE	IL DE	REG. NO	0.			
		EASED NAM	E EIRST		WIDDLE			LAST			20 DATE KNOWN	MONTH	CIAY	YEAR	26 HOUR
	(TYP	E OR PRINT)						-1 - 1			OF ESTI-	-		0.5	
			Maud			1		lilkers				5		987	٨
	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE		JNDER 1 YR.	HOURS	24 HRS	2c. DATE PRONOUNCED	MONTH	DAY	YEAR	26 HOUR
	4	emale	Black	11/7/04			RS.	NIN GATS	HOURS	MIN	DEAD	5		19 87	4:45
6	FO	RTHPLACE (S	STATE OR	76 CITIZEN OF WH	AT COUN	ITRY?	8 MAF	RIED NE	VER MARR	IED 🗌	9 BALTIMORE CITY	OR COUNT	Y OF DE	HTA	
1	P	enna.		USA			WIDO	WED X	DIVORC	ED 🗆	Baltimore	o City	V		MD
5		TY OR TOWN		11. NAME OF HOSE	HITY, GIVE S	STREET ADDRESS)	E, OR O	THER INSTITU	TION		WAL OCCUPATION (TYP		126 KIN	D OF BUI	SINESS
		altimor		604 Gc											
5	13a S		13b. COU	OR OTHER INSTITUTION, GIV	13c. CITY	OR TOWN		13d. INSIDE O	ITY LIMITS?		REET ADDRESS	. 212	17		
	VI FA	THER'S NAM	E					MOTH	ER'S MAID			*			
6		FIRST		MIDOLE		LAST			FIRST		WIDDLE		()	AST	
1			DEVER IN U.S. A	RMED FORCES?	166 SO	CIAL SECURIT	Y NO.	17 INFOR	MAN 1.54	+2 N.	Fremont	ve.			
7	1,,,	NO OR UNKN	(11 123, 01	TE WAR ON DAILS;	219	-28-30	13				1. Kearma				
		PART I DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									BETWE	EN ONSET	T AND DEATH		
	0.3	PART 2 OTNER S	IGNIFICANT CONDITION	S CONTRIBUTING TO GEATH B	UT NOT RELA	ATED TO THE TERM	AINAL DISE	ASE OR CONDITIO	N GIVEN IN PA	RT 1 in			_		
	NO			st cancer											
5	CERTIFICATION	190. DATE O	PERATION		ION FOR	WHICH OPER	RATION	WAS PERFOR	MED?				ZO AL	JTOPSY?	,
1	F.														
	E	21a EYTERN	AL CAUSE WAS	21h TIME OF	INJURY 216 HOW INJURY OCCURRED LENT								ES 📙	NO [X	
3	MEDICAL CE	UNDERLYING CONTRIBUT	G OR	HOUR A.M.	MONTH	DAY YEAR	R		OCCURRE	D LENIER	NATURE OF INJURY IN ITEM 18	PARI   OR PAR	T 2)		
	MED	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE C STREET, FACTO			211. 1	STREET			CITY OR TOWN	COU	INTY		STATE
		220.1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .													
		ACTUAL	1	41	1	-		,	SPECIFY)	4		DATE		/7/8	7
7	7	SIGNATURE	-6	m	po			M.D. <u>ASS</u>	ISCAL.	IL MED	ICAL EXAMINER	SIGNE	0	1110	, /
-	opens.	EXAMINER'S (TYPE OR PRI		lliam M/z	ane,	M.D.		ADDRESS_	111	Penn	St.	Balt	to,	MD.	
	230.BI	JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. 1	NAME OF CE	METERY	OR CREMAT	ORY	23d LC	OCATION OR TOWN	COUN	ITY	ST.	ATE
	B	urial		5/11/87	A	rbutus	Mem	. Park				. MD	1.64	31,	
			C7.00						0	DE OIL		C 5 D 1 D 1			

	. 1			TE OF MARYLAND	
055073.0	11-	FOR STATE		HEALTH AND MENTAL HYGIENE	1 1 1 2 5
		REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	REGINO. 4
		CEASED NAME FIRST	WIDDIE	LAST 20. DATE	KNOWN X MONTH DAY YEAR 26 HOUR
Walla W.	8 (11	PE OR PRINT)	P: WILKINS	OF DEATH	MATED 5-28-8719
E S E S E S E S E S E S E S E S E S E S	3. SE	JOHN X 4 RACE !		ARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	- 3 20 0 M
DIRECTION STREET	100		MONTH DAY YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS MIN PRONOU	NCED
- PESE DE		ALS WHITS		RS. DEAL	3-20-0/19 0.236
CCESSARY, PLEASE NERAL DIRECTOR. FILES. THINZ HOURS TESTON STREET,		IRTHPLACE (STATE OR  MEIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	ORE CITY OR COUNTY OF DEATH
VECESSA UNERAL FOR	76	ARYLAND	12.5.A.	WIDOWED DIVORCED Bal	timore City
2 H H H		ITY OR TOWN OF DEATH	II NAME OF HOSPITAL, NURSING HOM		PATION (TYPE OF WORK 126 KIND OF BUSINESS
PER ES	34		University Hospital Other institution, give estreet address) University Hospital Other institution, give residence before admiss 13c City Or Town	FOR MOST OF WO	
DELAY	HISU	Baltimore AL RESIDENCE (IE IN NURSING HOME OR	University Hospital	STU ON LRF	119K CHESP. F. REL
2 × 2 × 3	130	TATE 136 COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS? , 13e STREET ADDR	5500 -1 - 21053
NET AN IN	211	ARYLAND BALT	TMORE FREELANCE	YES NOX 9543	1 1,0015 lown KD.
S ENCOR	77 113 F	ATHER'S NAME	MIDDLE EAST	15. MOTHER'S MAIDEN NAME	AIDDLE LAST
A 20 2 2 3	2/1R1	DBSERT H.	Wilkinson	SR. MARGARET	Ann HESSENAUER
0 0000	16a.	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? Tob. SOCIAL SECURIT		ADDRESS
BALTIMORE, MD. 2120 JRS AFTER DEATH. IF ANY SI GIVE PAGES 47, 77, AND WITH FORM PM 3FEI PAGES AND 2.SH DIVISION OF WITH R	11/6	(ES, NO, OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 318 7058	RHA FAMILY RSC	OROS
A SO HAN			LANG. 1950s	AT PAINT IN	APPROXIMATE INTERVAL
RESTON ST., IN 124 HOUR IN 176M 18. R ALONG W USIT PERMIT.		PART I DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).)		BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUI CIL IN ITEM 18 VER ALONG W ANNIT PERMIT AL HYGIENE, IE PEMOVAL	-	CIDA IMMEDIATE	Hond am noc	k injuries	
N ST P ST P ST P ST P ST P ST P ST P ST P		8109	DUE TO, OR AS A CONSEQUENCE	OF	
PRESTON TITHIN 24 I VER ALON AL HYGIE REMOVA		Canditions, if any, which gave rise to immediate	(b)		
W W W W		cause (a) stating the under-	(b)	OF	
201 W. PRE UTED WITH! IN PENCIL! EXAMINER EXAMINER! IAL-TRANS ON MENTAL!		lying cause last.			
DS, 201 W. PRES XECUTED WITHIN 4G" IN PENCIL IN 5AL EXAMINER , BURIAL - TRANSI ATION. OR REM		BARY & GYNER CICHIEF ANY CONDITIONS CO	(c)		
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING" IN PEN RDED TO THE CHIEF MEDICAL EXAMIN RDED TO BURNAL. TR OF PRICAL CREMATION. OR	7	PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO OEATH BUT NOT RELATED TO THE TERM	IIMAL OISEASE OR CONDITION GIVEN IN PART 1 10	
BE SE AS	1 0				
SIVISION OF VITAL RESIDENCE SHOULD STRING THE WORD "PER CHIEF A RESIDENCE SHOULD BE USED, E DEPARTMENT OF HEE	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED?	20 AUTOPSY?
F VITAL B TE SHOUL WORD "F HE CHIEF O BE USED O BURIALL	月曹				YES X NO
OF V ATE S THE OF V THE OF V	7 1	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED LENTER NATURE OF IN	HIRV IN ITEM IS PART I OR PART 2)
ONO STHE TO THE FOULD ON TO	1	UNDERLYING XXOR	HOUR AM MONTH DAY YEAR 12:05PM 5-28787	driver of a motorcycle	e/auto impact subj.
CERTIF CERTIF TING DED TO TO TO TO TO TO TO TO TO TO TO TO TO T	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	211. FOCATION	
SCHE SCHE	A A	WHILE NOT WHILE AT WORK	STREET FACTORY FARM FTC I	McCormicks Shilling Rd	Baltimore Co., Md. TATE
DIVIS  DIVIS  THIS CER FORWARDED  OR: PAGE 35  UD: 2019	7	AT WORK AT WORK	sueet	McCollide Rabiliting To	· Darchiors covy
CATE.		22a I certify that I took charge	of the remains described above, held an	Autapsy X, Inspection , Inquiry	and in my opinion
Z S T S T S T S T S T S T S T S T S T S	12	death resulted from Natura	I chuses , Accident , Su	ucide . Hamicide . Undetermined m	coner
A REC	4	The state of the s	2 2		unic
Z S S S S		ACTUAL NO MAIN	LEO. Ma Olas	Assistant	DATE 5-29-87
SEE SE		SIGNATURE	10 11 10 17 ax	M.D. ASSISTANTE MEDICAL EXAM	MINER SIGNED
OF 4 NO CA		EXAMINER'S NAME	Managari La B Warra	1,M.D. 111 Penn Str	aet
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE P TO FUNERAL DIRECT AFTER DEATH, WITH THE		(TYPE OR PRINT)	Margarita A. Korel	ADDRESS	
DX 40 A 8	23a.	SURIAL, CREMATION, REMOVAL 238	DATE 23c NAME OF CE	METERY OR CREMATORY 23d LOCATION	COUNTY STATE
07/84 BP	B	URIAL E	-1-1987 GARDS	NOF FAITH ROSS D	ALS BALTO MO.
25M	24.1	UNERAL DIRECTOR	2325 YORK	25a. DATE REC'D. BY REGISTRA	AR 256 REGISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5)	5	VANS (HAPE)	OF CIL MES	ROAD MIN \$ 1987	Alea Dundon Kondalas
(41, 71, 31, 10, 10)		VIIIO L MMPL	CL LMII.	LOND MADE TO	



054813	1	FOR THEMS I STATE REGISTRAPO 3-87 REGISTRAPO 3-87	one.	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	4 1 8 0
AND 21201  7.24 hours after death. Page 4 may be liked in by the funeral director, page 3 lid be filed within 72 hours after death must be notified at orce.	3. SE 70. BI	TEASED NAME (RST OR PRINT)  A THO  RTHPLACE (STATE OR FOREIGN COUNTRY)  TY OR TOWN OF DEATH  ALTERIA TOWN  ALTERIA		MARRIED NEVER MARRIED DIVORCED	20 DATE OF DEATH MONTH  A AGE (IN YEAR'S LAST BIRTHDAY)  9 BALTIMORE CITY OR COU  120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKIN  RETURN ADDRESS / ZIP C	OT & CITY MD  178 KIND OF BUSINESS OR INDUSTRY
W. PRESTON ST., BALTIMORE, MARYLA the deoth certificate be executed within by the attending physicial and complete isseremove carbon papers. The certification of removal.	) 16a V	(IF YES, GT 18 CAUSE OF DEATH LENTER OF PART I. DEATH WAS CAUSE	RMED FORCES? 166 SOCIAL SECU 241-36-2 Inly ane cause per line for (a), (b), or ED BY DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU	2008 Ray mond	ADDRESS Williams 353	LANGELY  7010 VORK Rd.  APPROXIMATE PUTERVAL  BETWEEN ONSET AND DEATH
HOSPITAL OR ATTENDING PHYSICIAN: The low requires the orned by the hospital or ottending physicion.  FUNERAL DIRECTOR: After this certificote has been signed be oald be detached for use as the buriol-transit permit. Then plea on the State Dept of Health and Mental Hygiene prior to buriol. PORTANT: If them 21 is marked or them 18 shows ony injury, or a second or them 21 is marked or them 18 shows ony injury, or a second or them 21 is marked or them 18 shows ony injury, or a second or them 21 is marked or them 18 shows ony injury, or a second or them 21 is marked or them	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22d. I certify that (1) this hosp sow the deceased alive of	IP CONDITIONS CONTRIBUTING TO  IP CONDITION FOR WHICH  IP CONDITION FOR WHICH	DEGREE  DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED  21c HOW INJURY OCCU  21l LOCATION  STREET  DEGREE  ATTENDING	MINAL DISEASE OR CONDITION	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE
of Or Start	22-		1. JUNG	NAME OF CONTROL OF COST ASSOCIATION	T224 LOCATION	

231 NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23b. DATE

23d LOCATION



e attending physicia mave carbanpapers

been signed mit Then pled

bur

0

à ò

00

or Hem

\*

MPORTANT

r use as the burial-transit per Health and Mental Hygiene

10

should be detached with the State Dept.

FOR 1 - STATE REGISTRAR

DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 REG. NO.	14181
MIDDLE	LAST	20 DATE OF DEATH MI	ONTH DAY YEAR 26 HOUR
4.	WILLIAMS	MA	Y 30-87 M
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DATS HOURS MIN.
AUC.	08 · 26 · 01	79	YRS
OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
USA	WIDOWED DIVORCED	BALTIMORE	MD.
OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 126 KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
8 CAMBRI	IDGE ST.	HOMEMAKE	ER -
UTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / 2	ZIP CODE ~ 2/23/
BALtimi	RE YES NO [	2128 CAL	BRIDGE ST.
	15 MOTHER'S MAIDEN NA		
KICHTER	KOSFANN	MIDDLE	FUCH
ES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	2/222 /
TES)	MRS DEIDRE	S.D. MACK	1630 FOUR GENERAL
o)	lozed ASC		APPROXIMATE INTERVAL BE AVEEN ONSE AND DEATH
O, OR AS A CONSEQUE	NCE OF		
b)			
O, OR AS A CONSEQUE	NCE OF		
0			
NS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110
ONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	STEMMING THING TEM SAMED		IN CERTIFYING CAUSES OF DEATH?
ME OF INJURY	21c HOW INJURY OCCUR	PED (ENTER MATURE OF IMILIARY	YES NO NO
IR A.M. MONTH DA	Y YEAR	(EMIER MATORE OF PATOR)	THE TOTAL PORT OF THE PROPERTY
P.M. ACE OF INJURY	19 IZIL LOCATION		
ME EINEEL FACTORS OFFICE, TO		CITY OF TOW	COUNTY STATE
a feet and a second	107/		10
ed the program from	and that a (My) (our) opinion	death occurred on the date	and hour and from the causes stated
body bits death.	DAGREE \	second on the dole	221 OATE SIGNED
11 /	THE PREE		THE DATE STONED

L.DECEASED NAME FIRST TYPE OR PRINTS 3. SEX 4. RACE 7b. CITIZEN ASTATE OR FOREIGN 11. NAM 1136. COUNTY 14. FATHER'S NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DA 18 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1 Conditions, if ony, which gove rise to immediate couse (o), stating the DUE T underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIO CERTIFICATION 190 DATE OF OPERATION 19b C 710. ACCIDENT WAS UNDERLYING 21b. T HOL OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e P CATHO NOT WHILE AT WORK 22x I certify that (II (this haspital) attach ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN LI ADDRESS 13a BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7 COUNTY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAL'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

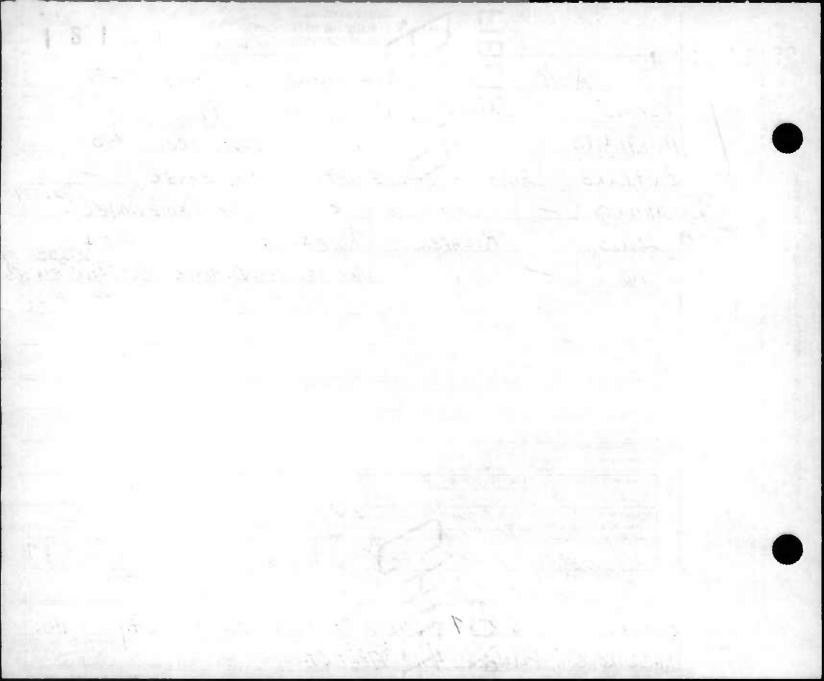
FUNERAL DIRECTOR:

0

haspital

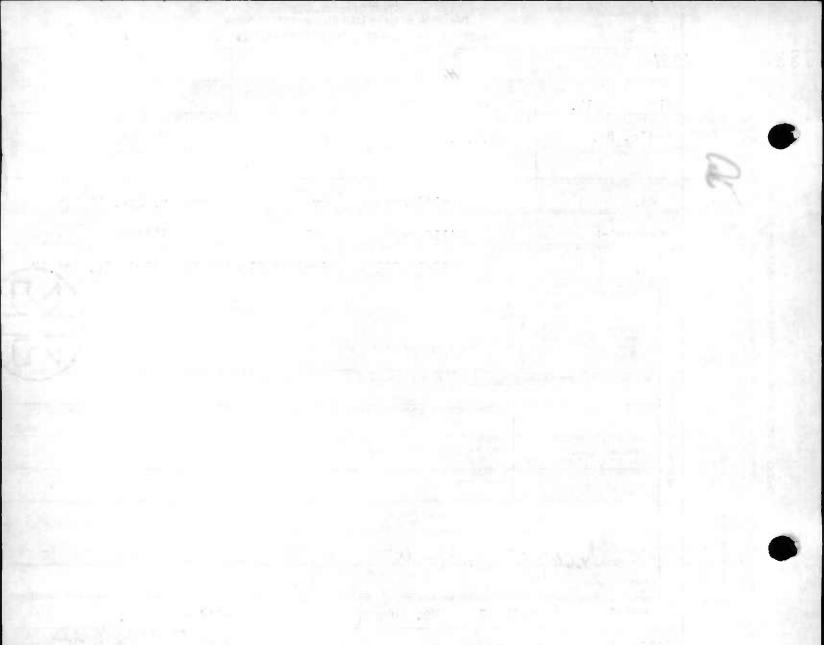
etained by

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-5-11-87. DEATH MATED John Williams 1 SEX 4. RACE 5. DATE OF BIRTH 24 HOUR IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED Male Blk. 7-81 5-11-8710 8-05 DEAD 5PM M 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Phila. II .S.A. Baltimore City Ba. WIDOWED & DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IT. NAME OF HOSPITAL NURSING HOME. OR OTHER INSTITUTION OR INDUSTRY Laborer Baltimore Mercy Hospital 30. STATE 136 COUNTY T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Md. 606 Eager St. NO [ BALTIMORE, MD. 14 FATHER'S NAME MIDDLE LAST Cedonia Williams Frederick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 212-10-2323A Virginia Fleming 125 Colvin St. Apt.5K No. F NEDICAL EXAMINER ALCONOLOGY SENAIT. FEATH AND MENTAL HYGIENE, DITTOR SENAITION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEN lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION ITING THE WORD "PER DED TO THE CHIEF N E 3 SHOULD BE USED A E DEPARTMENT OF HEJ OI PRIOR TO BURIAL. 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING TO CAUSE OF DEATH TAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPARE BALTIMORE, MARYLAND, 21201 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection K 220 I certify that I took charge of the remains described above, held an ond in my opinion Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 5-12-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Penn Street 236. BURIAL, CREMATION, REMOVAL 236 DATE 5-15-87 230 NAME OF CEMETERY OF CREMATORY

Mt. Auburn 236 LOCATION Baltimore , Md. 07/84 BP 25M 24 FUNERAL DIRECTOR Will'Tam C. Brown 1206-08 W. North Ave. 21217 **DHMH - 17** (VR A15 ME (5))



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

## TO FUNERAL DIRECTOR: After this certificate has been in should be detached for use as the burial-transit permit the with the State Dept of Health and Mental Hygiene prior to IMPORTANT If them 21 is marked or them 18 shaws are

## STATE OF MARYLAND 1 - STATE OF REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	1	4	İ	8	
---	----------	---	---	---	---	--

	-					REG. N	0.			
	DE	CEASED NAME FIRST	MIDDLE	LAST	11 - 1	20 DATE OF DEATH	MONTH DA	VEAR 02	26 HOUR	
1	3 SE)	X - MARTI	4 RACE	5. DATE OF BI	RIH	6 AGE (IN YEARS LAST BE	RIHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS	
1		FEMALE	Black	MONTH	-19-12	7		DATS DATS	HOURS MIN.	
4		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	141	9 BALTIMORE CITY		F DEATH		
2	m	ARYCAND	USA	WIDOWED [	NEVER MARRIED W	BALT	TMORE	5	MD.	
H	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR O	THER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS OR	
1		ALTIMORE	DEATEN HOSPITI	AL & MEDIC	AL CONTER Du	h	JF WORKING (IFE)	INDUSTRI		
1	13a S	AL RESIDENCE (IF NURSING HOME OF	NTY 136. CITY OR TO		INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	712	111	
4		MARYUND 1	BALTI	-	s NO 🗆	140 W.	LaFay	ETTE	AVE	
J	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15.	MOTHER'S MAIDEN NA	WE	1	LAS		
1		Unknown			110	rown		CAS		
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG	CURITY NO. 17	INFORMANT	ADDR	ESS			
1		< -	213-19	4-0443						
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b),	andie 1/	TI			BETWEEN	MATE INTERVAL ONSET AND DEATH	
1		IMMEDIA								
1	7	DUE TO, OR AS A CONSEQUENCE Q)								
1		Conditions, if ony, which (b) CITKINIC REMAN TO URE								
1		cause (a), stating the underlying cause last,	DUE TO, OR AS A CONSEO	UENCE OF				1 C L		
1										
1	Z.	PART 2 OTHER SIGNIFICANT	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	1				
	CERTIFICATION	a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION W.	AS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDING			VGS LISED	
71	H	N. J. E. (2)				YES NOT	IN CERTIFYII	NG CAUSES	OF DEATH?	
1	CERI	210. ACCIDENT WAS UNDERLYING		216	HOW INJURY OCCURR		_ 1	1 OR PART 21	NO 🗌	
		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		LOCATION					
1	W	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE	FARM ETC )	STREET	CITY OF TO	MM	COUNTY	STATE	
			tal) attended the deceased from	May	19 8 7	to May	20 19	87	that (I) (we) last	
1		saw the deceased alive an	12 view the bady ofter death.	8 + cond the	ot in (my) (aur) opinion o	death accurred an the d	ote and hour a			
1		27b. SIGNATURE	1.1.1	DEGI	REE	A THE PROPERTY.		22c. DATE	SIGNED	
		42	nul Wentrery	M	ATTENDING PHYSICIAN	MEDICAL STAI		15/	20/87	
٦		224. PHYSICIAN'S NAME (TYPE O	1 1	22e	ADDRESS	./				
1		HANIEL	WENBERG		3001 5.	HONOVER	51	•		
1		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMET	ERY OR CREMATORY	23d LOCATION		n	1	
		BURIA!	5-2387	111. 21	IN CEM	BATTI	nure,	11/191	24 AND	
1	24 FU	INERAL DIRECTOR	ADDRESS	110	250 DATE	RECD BY REGISTRAR			- 0	
1	DR	OUN /HOMUSON	F.H. 1713	U. DAG	0. S/ M	18P 8 C VAL	Aulia d	Jandun.	KANDALID	



2h HOUR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY General Refactory 21213 1626 N. Durham Street Revelle Williams 6835 McClean Blvd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE Court opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE 5-18-87 BURIAT Md Garrison Forest Mil1 Owings 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) March Funeral Home 1101 E. North

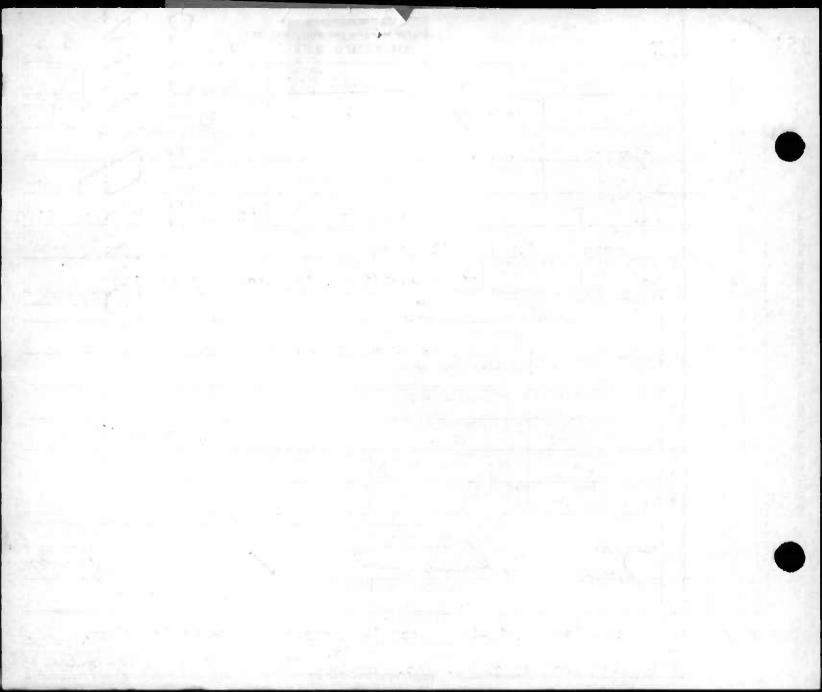
With the I substitute the Block bull the - The test of the latter of the second

188 1 6 1887 Lin Lower Park

54074 MMY;		FOR  TATE  REGISTRAR	DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	8 /	REG. NO.	4	8 5		
y be Jeoth		CEASED NAME FIRST EOR PRINT) Michae	M •		WILLIAMS	20 DATE OF DE		AY YEAR	26 HOUR 1:46P M		
Page 4 may director. pag havrs after d	3. SE	Male	4.RACE Caucasiar		14 153		6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS YEAR				
offer death. Po	10. C	RTHPLACE (STATE OR FOREIGN COUNTRY)  Delaware  ITY OR TOWN OF DEATH  Caltimore	76 CITIZEN OF WHAT COU  U.S.A.  11. NAME OF HOSPITAL, IN  (IF NOT IN SUCH FACILITY, GIV	MARRII WIDOW NURSING HOME	ED NEVER MARRIED  ED DIVORCED  DROTHER INSTITUTION  AL HOSPITAL	Balt	MOST OF WORKING LIFE	126. KIND C	MD. DF BUSINESS OR		
in 24 hours of the line in the should be the certainty by the line in the should be the line in the li	13a	AL RESIDENCE (IF NURSING HOME OR STATE ) 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE ITY 13c. CITY O	CE BEFORE ADMISSION	13d. INSIDE CITY LIMIT YES 🔀 NO 🗌		er RESS/ZIP CODE Biddle		turant eet 2120		
secured with		ATHER'S NAME FIRST  Edward  WAS DECEASED EVER IN U.S. ARA		Lliams	15. MOTHER'S MAIDEN FIRST	M	Magu	ayre LAS	iT.		
ficate be exemple; by popers. Page on and one of one of the medical on			e war or dates) 216-	64-82	1 Mr. Jay	Heck sa	me as #1		MATE INTERVAL ONSET AND DEATH		
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of contending physician.  Which this certificate has been signed by the attending physician and completely filled in the orat he buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the and Mental Hygene prior to burial, cremation, or removal.  An ord Mental B shows any injury, or other traumatic event, the medical examiner must be not account.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	NSEQUENCE OF I THE SEQUENCE OF	une Deficie						
NOT VITAL RECORDS.  SICIAN: The law require ing physician.  certificate has been sign virial-transit permit. Then, tental Hygene prior to but lem 18 shows any injury.	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CO.  190 DATE OF OPERATION  May 14, 1987  210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CORCONTRIBUTING CORCONTRIBUTING CONTRIBUTING CON	196 CONDITION FOR A. I. D  216. TIME OF INJURY HOUR A.M. MONT	WHICH OPERATIO	ON WAS PERFORMED	20c AUTOPS	7? ZOB IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED		
NG PHYSICIA Total of the this certification of the buriol: The bur	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET		TY OR TOWN	COUNTY	STATE		
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal		270. I certify that XI) (this haspit saw the deceased alive on above, (I) (we) [did] (did not the same saw that the saw t	May 14		nd that in (Xy) (our) opi DEGREE ATTENDIN PHYSICIA	nion death accurred or	STAFF PHYSICIAN	ond from the			
BP	23a	BURIAL, CREMATION, REMOVAL	236. DATE 5-15-87		ity Proces	ory 23d LOCATIO	sville I	Ballto	. Ma.		

24 FUNERAL DIRECTOR
NAME
Cremation Society of Md. Inc. Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)



230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4) 23b. DATE

87

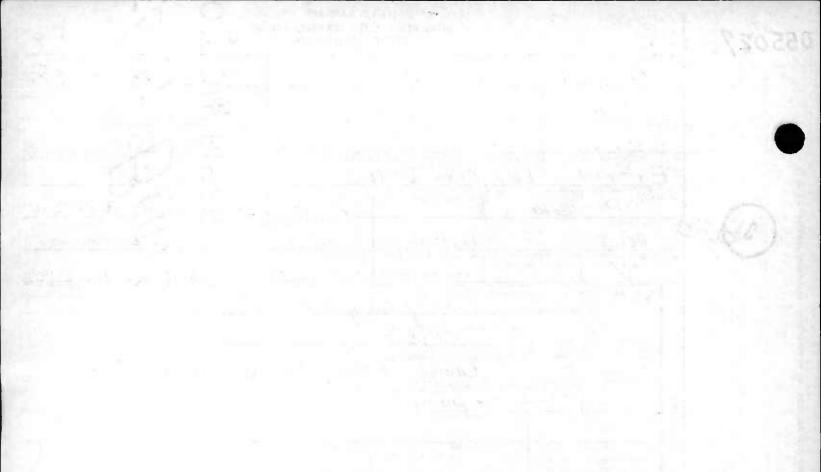
STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

GARRISON FOREST

23d LOCATION

OWINGS



And the second section is a second section of the second section in the second section is a second section of the second section of the second section is a second section of the section of the second section of the 
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REGISTRAR REG. N L'DECEASED NAME KNOWN LIYPE OR PRINTS OF ESTI-J. WILLIAMS ROYLANDER DEATH MATED DATE OF BIRTH 4 RACE AGE (IN YEARS IF UNDER 1 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED OCR 5-11-87 10 Male Black 19 49 5:56P DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Pa. WIDOWED DIVORCED Baltimore City IO CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Mechanic Baltimore 2004 Penrose Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Balto. 13a STATE 138. INSIDE CITY LIMITS? 2004 Penrose Md YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Coleman Serreace Sarah James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) 2-65 53 W.Lindenwood Williams 212-36-4206 Serreace DIVISIO CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). HIEF MEDICAL EXAMINER AND THE MEDICAL EXAMINER AND USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, EMPARTION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cirrhosis of liver DUE TO, OR AS A CONSEQUENCE OF IN PENCIL ...
EXAMINER Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE DI PRIOR TO BURIAL, ( 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHEF YES X NO [ G THE WO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY 214 INJURY OCCURRED 21f LOCATION FORWARDED NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK X 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 5-12-87 Assistant SIGNATURE EXAMINER'S NAME A. Korell, M. DADDRESS Penn Street (TYPE OR PRINT) 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 5/16/87 Arbutus Md. Arbutus Mem.Park Burial BP 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Chatman-Harris FA 1701 McCulloh Street (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.	4	1	8	8
F DE ATH	MONTH	DAY	YEAR	2b HC	OUR

0, 0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4   8 8
	CEASED NAME FIRST	MIDDLE	William >	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
_	demale	RACE Black	5. DATE OF BIRTH  MONIH  OS  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	
	IRTHPLACE STATE OR FOREIGN TO COUNTRY)	CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	MD.
10 C	13 c John OF DEATH	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	ISING HOME OR OTHER INSTITUTION REET ADDRESS)  HOS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
13a.	AL RESIDENCE (IF NURSING HOME OR O		OWN 13d INSIDE CITY LIMITS?	611 5.	26 Lat 23 9
IL F	ATHER'S NAME FIRST MAYOUEL	MAMIZEW LAST	15. MOTHER'S MAIDEN P	MIDDLE	WRTON'
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES	61028 ERNESTI	ADDRESS ME PALMER 3	220 BAKChays
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which	BY:	OUENCE OF LOCAL LIN	H bleeding	APPROXIMATE INTERVALE BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEC	QUENCE OF	RMINAL DISEASE OR CONDITION	TWEN IN PART 1 In
NO	Demende	a ce	inchal varal	er quide	7
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?}
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspital saw the deceased alive on abave, (1) (we) (did) (did nat)	Muy 5 19	ond that in (my) (aur) opinion	an death occurred on the date and I	
	22b. SIGNATURE	retro	DEGREE ATTENDING PHYSICIAN		- SIGNED
	22d PHYSICIAN'S NAME (TYPE OR	ory 136	220. ADDRESS 1225. (	greene SA B	salt med ino
23a.	BURIAL, CREMATION, REMOVAL	10 1 cm	WESTVEN MEMO	23d LOCATION CITY OR TOWN 13 42 TO	140 STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the buriol-transit permit. Then please remove corban papers. P with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

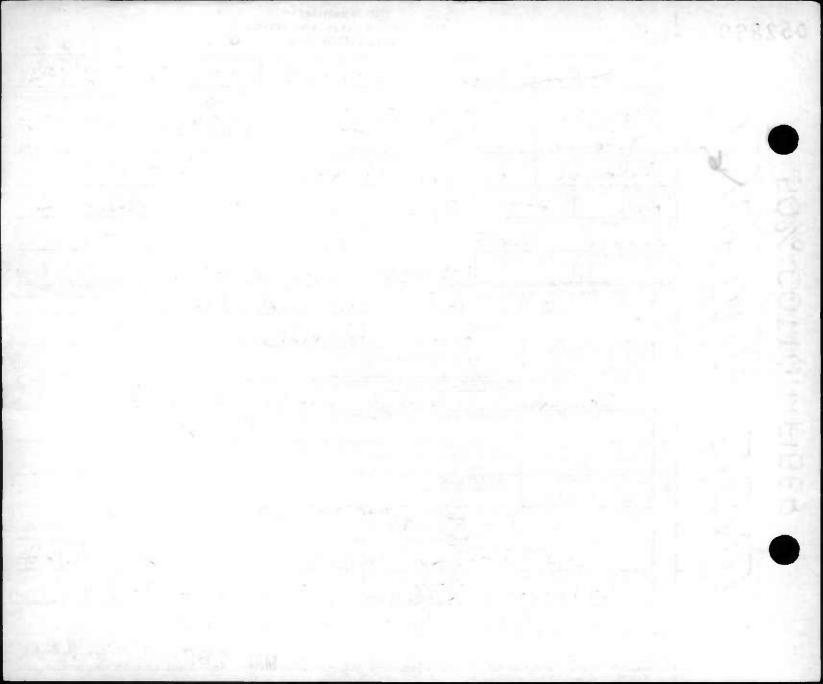
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar attending physician. with the State Dept. arrangement and 18 shows ony.

injury, or other traumatic event, the medica

24 FUNERAL DIRECTOR REISTERSTO WW B

1987

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



0548	12
------	----

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	REG. N	10.	4	1	8	9
DATE	OF DEATH	MONTH	DAY	YEAR	2b. HC	OUR

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 / REG. NO.	4189
1. DECEASED NAME FIRST	n NIDDLE	Williams	May 26, 198	TAY YEAR 26 HOUR
3. SEX Male	A. RACE Black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	Baltimore (	City MD.
Baltimore	1754 Carsw		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ) Welder	126 KIND OF SUSIDES SOR INDUSTRY - ding Md. Drydoc
JAL RESIDENCE IF NURSING HOME 136 CO Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13¢ CITY OR TO Baltir	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 1754 Carswell	
14 FATHER'S NAME FIRST Lane	MIDDLE William	ms Mary	MIDDLE	Hill
160 WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (IF YES (	GIVE WAR OR DATES)		ADDRESS liams 1754 Ca	erswell St.
		O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART ITO
SEVERA  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	-	CH OPERATION WAS PERFORMED	YES NO X	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART 2}  COUNTY STATE
220 I certify the (II this he sow the deceased oliverable). SIGNATURE	not view the body after death.	87 and that ir (my) (our) opinion DEGREE	death occurred on the date and ho	19 8 7, tha (1) we) lost ur and from the causes stated
224. PHYSICIANES IVAME (TYP	trustul peopprinti D. Trerotule	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/82
230 BURIAL, CREMATION, REMOV.	236 DATE 236 5-30-87	NAME OF CEMETERY OR CREMATORY Baltimore	23d LOCATION CITYORTOWN Baltimore	COUNTY STATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

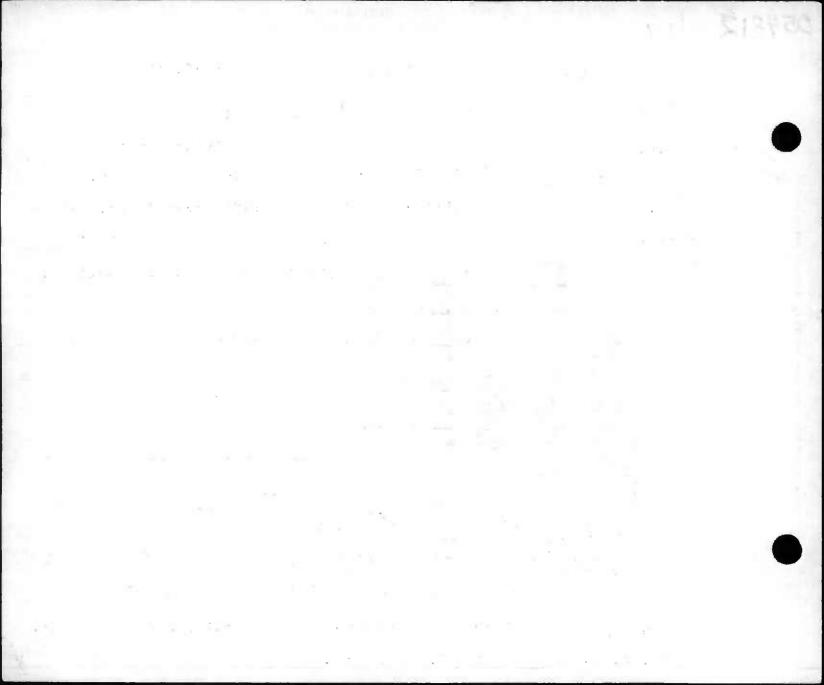
IMPORTANT: If them 21 is marked or Item 18 shows or

(VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

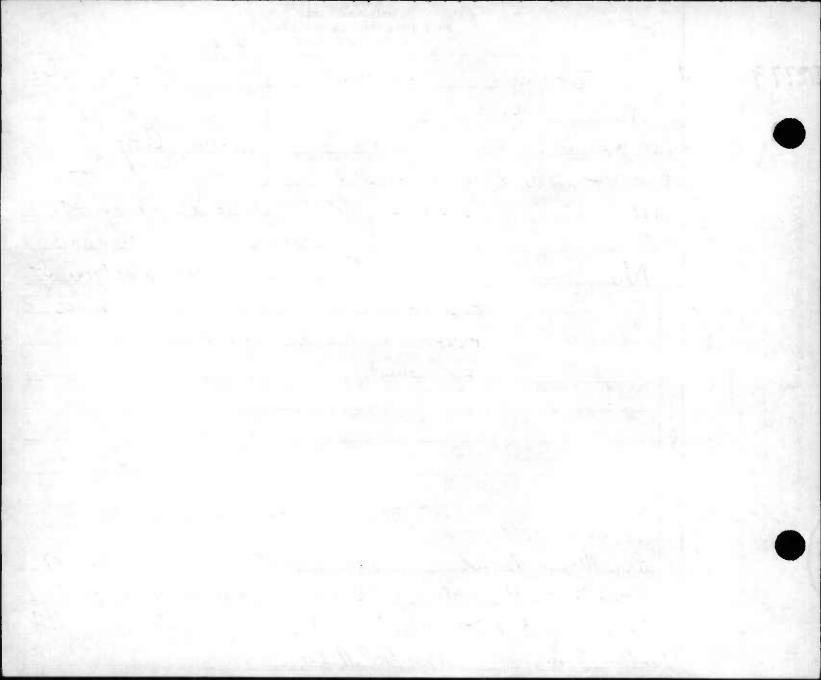
MAY 2. 8 1987 day Dender Lands



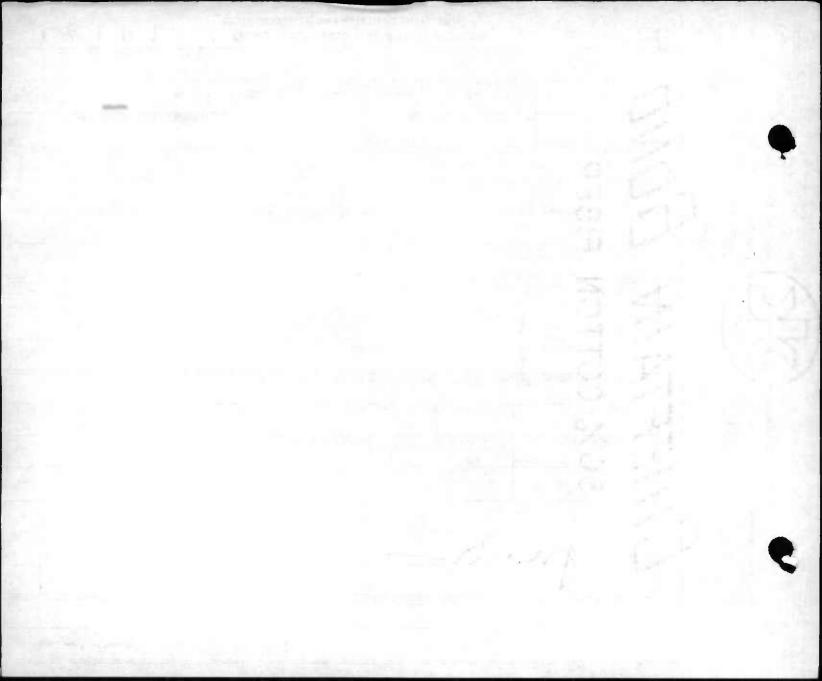
				FOR			DEPART		OF MARYLAND		NE				
			1 -	STATE REGISTRAR				CERTIF	CATE OF DEA	TH	8 /	REG. NO.	1 4	1 1	90
_	14.14	0.0		EASED NAME	FIRST	AI	DDEE		AST	2	DATE OF D		ONTH DAT		2b. HOUR
7	ctar, poge 3,	-A n	(11116	SW LKHAII	Jarwa	an		Wi	lliams	-			5 6	87	9:25 AM
	ter o		3 SEX		4.	RACE		5 DATE O	F BIRTH	YEAR 6.	AGE (IN YEAR	RS LAST BIRTHD	MO	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	hours of	3.44	-	m		Black		8 WONTH	26	86			YRS 2		
	nerot di	24	0	THPLACE (STATE DUNITY)		CITIZEN OF W	/HAT COUNTRY?	MARRIEI WIDOWE	NEVER MAR	RIED	BALLIMORE	CITY OR C	Cit	FDEATH	MD.
	ed with	2	10 CF	altima		(IF NOT IN SUCH	OSPITAL, NURSII FACILITY, GIVE STREET	T ADDRESS)	oital	TION	20 USUAL OC	CUPATION OR MOST OF W	ORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
	filled in b	now be	13e. S	L RESIDENCE (# P		THER INSTITUTION C		RE ADMISSION)	13d INSIDE CITY I		STREET AD	1.10	IP CODE	ar	St
	pletely that and 2 sho	diginera		THER'S NAME	MI	DDIE	/ PILAST (		15 MOTHER'S MA			MIDDLE	7	LAS	i i i i i i i i i i i i i i i i i i i
9	5	X	16a W	AS DECEASED EN	ER IN U.S. ARM	ED FORCES?	16b SOCIAL SECT	URITY NO.	17 INFORMANT	OCHEIT	<u> </u>	ADDRESS		MILLIA	UND
0	s. Poges	e medico		ES, MOR NKNOWN		WAR OR DATES)			Tarwar	Lew	15	155	860	odye	ar St.
0	oper ovol.	t, th		18 CAUSE OF DE	ATH (Enter only		ine far (a), (b), o	nd (c.)		1				1 1	MATE INTERVAL ONSET AND DEATH
	on p	ever		, , , , , , , , , , , , , , , , , , , ,	IMMEDIATE		bronch	o pul	mon au	y My	15014	see		61	nos
	cork n, or	motio				DUE TO, OR	AS A CONSEOL		Nich	100	and do	0001		-	
5	move notio	trou		Canditions, if a	immediate	(b)		ratori	1 1/15/1	(22) -	Sylvier	27/00	-		
	se re	other		cause (a), st underlying co		DUE TO, OR	AS A CONSEQU	f	h.						
6	pleo oriol.	, 00		PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO		NOT RELATED TO	THE TERMIN	IAL DISEASE O	OR CONDIT	ION GIVEN	IN PART II	0
	Then to b	njory	Z O			3									
D. D. C.	hos been permit.	Auo swo	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORM	ED	YES T	SY?	NO. IF YES, IN CERTIFY!		NGS USED OF DEATH?
physicio	difficate	m 18 sh		21a ACCIDENT WAS	CAUSE OF DEATH	4	A. MONTH D	DAY YEAR	21¢ HOW INJUR	RY OCCURRE	D (ENTERNATU	RE OF INJURY I	NITEM TE PAR	T   OR PART 2)	
ding	buring Men	2	MEDICAL	21d INJURY OCC	URRED	P.A 21e. PLACE C	F INJURY		21f LOCATION			CITY OR TOWN		COUNTY	STATE
offen	os the	orked	ME	AT WORK A	T WHILE WORK		ET, FACTORY OFFICE,	/:S	STREET	57/0	••	CITORIOWA		C\=3	
o lo	Neo Heo	E S		220 1 certify tha	t (1) (this hospital eased alive on _	~ //	deceosed from,		nd that in (my) (au	19 XO	ath accurred	on the date	and hour		that (I) (we) last
Ospil	ECTC ed fo	m 2		abave, (1) (w 22b. SIGNATURE	e) (did) (did not)	view the bady o	after death		DEGREE					22c DATE	
y the h	detache	# # # # # # # # # # # # # # # # # # #		Ra	Marie	Visca	edi	-	UO ATTE	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N []	5/	6/87
ned b	TO FUNER	MPORTAN		POSE	Mane Mane	PRINT)	wdi		U. A ar	y land	Hosp	rtal	225	· Crear	ust.
BP_	Of ods	₹	23a 8	UPIN CREMATION	ON, REMOVAL	23b DATE 5-9-	- /	NAME OF C	EMETERY OR CRE	MATORY	23d LOCAT	ION R TOWN	Bal	COUNTY	Marel.
MH - 1	16 50M 4/	/83	24 EI	INERAL DIRECTO	Cr Su.	chas	ADDRESS 2 2	1 Ms	11/1	25a DATE	REGID. BY REG	GISTRAR 25	b REGISTR	AR'S SIGNA	TURE
141/1	,, -,			4/102	C. 100	91015	110	11/10	1911099						

DHMH - 16 50M 4/83

(VRA 15, 4)



			tem #2c., G-	628, 6/	10/87, by M	ed. Ex	am., STA	TE OF M	ARYLAN AND ME	D NTAL HY	GIENE					
112	12 11/2 2		STATE Gbj.		MEI		EXAMIN				63	REC	NO. 4		9	
	1011 2		CEASED NAME	FIRST		MIDDLE			LAST		20 D	ATE KNOW		TH DAY	YEAR	2b HOUR
	ET,	lin	E OK PRINT)	Antho	nv	D.		Wil	liams	on	DE	OF ESTI-	5	20	187	A
	A STATE OF S	3 SEX	4. RAC		S. DATE OF BIRTH	YEAR	6 AGE (IN YE.	ARS IF UN		IF UNDER 2	4 HRS 2c	DATE	MONT	H DAY	YEAR	2d HOUR
	DOUR OUR ON S	Mal	e B1	ack	11 19	67	19 YF		DAYS	HOURS		DEAD		10-	1987	2:54 A M
	ESSA FRAL MITHIN RESTO	7e. BI	RTHPLACE (STATE OR		76 CITIZEN OF WH	IAT COUN	ITRY?	MARRIE	D NEV	ER MARRIE	9 BA	ALTIMORE CI	TY OR COU	INTY OF E	PEATH	
	NECESSARY PLEASE FUNERAL DIRECTOR. 6 5 FOR YOUR FILES. ID WITHIN 72 HOURS W. PRESTON STREET.		REIGN COUNTRY	/	USA			WIDOW	ED 🗆	DIVORCE		Baltim	ore Ci	ity		MD
1	ELAY IS PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	1	TY OR TOWN OF DE Baltimor	1	11. NAME OF HOS (IF NOT IN SUCH FACE Sinai Ho	ospit	al		er institut	ION	FOR MOST C	occupation of working life udent		IK 12b KII	ND OF BUS R INDUSTRY	INESS Y
21201	ANN 3 AND 3 RETAIN COULD PERONE	13a. S	L RESIDENCE (IF IN NE	131 COUNT	OTHER INSTITUTION, GIV	113c. CITY	OR TOWN	ON)	13d. INSIDE CIT	NO P	7415	Shirle	y Roa	id 2	1207	
MG.	T SOM	14. FA	THER'S NAME		MIDDLE		LAST			R'S MAIDEN		MIDDLE			LAST	
	5992215	2	Moses		С.		liamsor		Mar	^y		٧.	Hu	ghes		
TIMO	DE 0 53	16a V {Y	VAS DECEASED EVER	IN U.S. ARM			IAL SECURIT		17. INFORM			ADDI				
BALTIMORE	S AF		No		3-18		0-02-30	16	Mose	es C.	Willia	amson	7415		ley F	
	E, DI	119	18 CAUSE OF DEAT PART I DEATH V	VAS CAUSED	RY-									BETV	PPROXIMATE I	NTERVAL AND DEATH
Z	PER VAL.	144		IMMEDIATE	CAUSE (a) AC		iyocard		nfarc	t in i	transp	lanted	hear			-
REST	WITHIN 24 NCIL IN ITI INER ALO RANSIT PI ITAL HYGI		Canditians, if	any, which	DUE 10, OK	AS A CON	SEQUENCE	Jr.								
N. P.	TED WITH XAMINEI XAMINEI AL - TRAN MENTAL N, OR RE	-	gave rise to cause (a) stating		DUE TO, OR	AS A CON	ISEQUENCE (	OF.								
201	EXAN IN P	5	lying cause last		(a)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	BE EXECUTED NO. 10 PER EXAMEDICAL EXPENSION,		PART 2 OTHER SIGNIFICAL	IT CONDITIONS CO	ONTRIBUTING TO OFATH I	UT NOT RELA	TEO TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PART	1 0			1		
Ö	D BE EXE ENDING MEDICA AS A BL EALTH AL	CERTIFICATION	THE REAL PROPERTY.	1												
A 2	SED AL,	CAT	190 DATE OF OPER.	ATION	196. CONDIT	IONFOR	WHICH OPER	ATION W	AS PERFORA	MED?				20 A	AUTOPSY?	
VIT.	WORE WORE CH BE CH	RTIF	210 EXTERNAL CAU	CE VA/AC	21b. TIME OF	INTO ON		Tai uc	The Late of the La	0.661/120-0					YES 🔀	NO 🗌
0	CERTIFICATE SHOULD STING THE WORD "PER ODE TO THE CHIEF ME AS SHOULD BE USED A SHOULD BE USED SHOULD BE USED SHOULD BE USED A		UNDERLYING -	OR	HOUR A.M		DAY YEAR	2 IC NC	MA IMOUNT	OCCURRED	LENIER NATURE	OF INJURY IN ITE	M 18 PART 1 OR	PART 2)		
SIOI	SHOPAR PRIO	MEDICAL	CONTRIBUTING 214 INJURY OCCUR	RED	21e PLACE C		19 (AT HOME.	21f. LOC	ATION							
DIVI	WRITIII WARDEI WAGE 3 MAGE 3 TATE DE	ME	WHILE NOT AT W	WHILE D	STREET, FACT	ORY, FARM, E	1C.)		REET		CITY	ORTOWN		COUNTY		STATE
	POR POR NO.		220 I certify that	I taok charge	af the remains des	cribed aba	ve, held an	Autaps	y X.	Inspection	, Inc	quiry .	and in my	apinian		
	BE BE SYLA		death resulted fram	n: Natura	I causes X,	Accident	L, Su	icide	Hamici	de .	Undetermin	ed manner	_],			
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE SEATTIMORE, MARYLAND,		ACTUAL	An	hos	\	_		TITLE (SP		+		DAI	IE 5-	-20-87	
	SHOE SHOE		SIGNATURE	//\ Y	- VX	1	10.	M.	D. <u>HSS</u>	15 carr	t MEDICAL	EXAMINER	SIG	NED	20 07	
	ER DING	L	EXAMINER'S NAME	V An	n M. Dix	on, M	.D.		ADDRESS	111 Pe	enn St	., Bal	to. F	4D 21	201	
	TO ME EXECU- PAGE TO FU AFTER BALTIV	23a B	URIAL CREMATION I				NAME OF CE				73d LOCATE	ION		OUNTY	STA	76
07/84	BP ,		Buria1	5	/22/87	A	rbutus	Mem.	Pk.		Arbu	tus, M	d.			16
25M	DHMH - 17	24. F	INERAL DIRECTOR		ADDRESS		TE B		2		C'D. BY REG		registrar	SIGNAT	URE	le.
	(VR A15 ME (5))		Wm C Marc	h F/H	West 4	1300	Wabash	Ave.		MAY	2 1 19	81 8	ma podo		(	



052821

uneral director, page 3 hin 72 hours after death

executed within 24

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	0	1
2		9	la

		STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		il so
		CEASED NAME OR PRINT) Joh	FIRST	Ė	AIDDLE	Will	FORd	20 DATE OF DEATH	MONTH DAY	21	3 ZO
	3. SEX	male	4. R	ACE /	CK	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	MON	VIHS DATS H	OURS MIN.
4		RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	B AAADDIE	17 1904  □ NEVER MARRIED □	9. BALTIMORE CITY		O 17	NA
ø		orth Caro	lina	USA		WIDOWE		BAIT	To C.	ナイ	MD.
200		BALTO		NAME OF H	H FACILITY, GIVE STREET	ADDRESS)	HOUSE	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE)	126. KIND OF B	BUSINESS OR
2	13e. S	TATE  TYLAND	139 COUNTY	imore	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREFT ADDRESS 814 Radne		nue 2/	2/2
	14. FA	John	MIDD	ιE	WillFo	red	15. MOTHER'S MAIDEN NA/ FIRST Lena	WIDDLE		Luc	198
		AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WA		577-05	6413	ERTA . W. FR	ANKS - 81	- 1	NOR A	PVE
		PART I. DEATH W	H (Enter only of AS CAUSED BY IMMEDIATE C	1.	line for (a), (b), and	est1	ratory Arm	est	W TEN		SET AND DEATH
		Conditions, if any, gave rise to imm cause (0), stating underlying couse	nediote g the	(b)	R AS A CONSEQUE R AS A CONSEQUE	Yasta	tses Brain	ns.	(s.	11/2	yr yr
	NOI	PART 2 OTHER SIGN	HIFICANT CON	DITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	
	CERTIFICATION	190 DATE OF OPERAT	NOI	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		VERE FINDING: NG CAUSES OF	
100		216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CON	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	216 INJURY OCCURR	RED	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (1) saw the decease above, JM(we) (d	d olive on	5-	3 19	87., or	nd that in (my) (our) opinion o	, ta5 death accurred on the d	ote and hour a		at (II (we) last uses stated
		226. SIGNATURE)	286	Bu	een	M-	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	270 DATE SIG	SNED -87,
		226 PHYSICIAN'S NA	AME (TYPE OF PRI	NI T	srwin, v	WD	B28 N.	Eulaw ?	St. Ba	Ho Mo	12120,
		URIAL, CREMATION, I	REMOVAL 1	May &	1987 A	Harn	emetery or crematory nony Memoria	23d LOCATION CITY OF TOWN Park La	andove	r, Mar	yland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remave carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

Memorial Park Landover, Maryland

100

Benning Road, MYE. BY REGISTRAR 38 REGISTRAR 3 SIGNATURE 24 FUNERAL DIRECT Stewart

Market Leberth a comment of the state of - 1 Canada Calaba Banda Calaba Walan Calaba 103.5 4. 2. 2. 2. 3. 4 25 0 2 The sales 

		- 1			1.		STAT	E OF MARYLAND				
			1-	FOR STATE REGISTRAR		DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	1 4	1	9 3
535	55 117	120		EASED NAME FIRST		MIDDLE		ASI	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
	9 4	19	O. Ar	Mary Mary	C .	Wils	on		C	5 10	87	10:45D
7	poge- er deo		3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS
_	s oft		F	emale	Black		10	10 YEAR	87	YRS.	THS DAYS	HOURS MIN
8	Par Par	25		THPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVERMARRIED	9 BALTIMORE CITY OR		FDEATH	
137	n 72 n 72	5		rginia	USA		WIDOWE		Baltimore	City		M
	e for de for de	77	10 CI	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N		F BUSINESS O
5	4 6 4 A	4	Ba	ltimore	Union	Memorial	czOH	ital	DISARIFO		INDUSTRY	
BALTIMORE, MARYLAND 2120	filled in the fi		13a. S	LRESIDENCE (IF NURSING HOME C TATE 13b COU TY land		GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimo	N	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	2/2	8
YLA	tely 2 sh			THER'S NAME				15. MOTHER'S MAIDEN NA	ME		VE	
AAR	a mple	0		FIRST	MIDDLE	LAST		FIRST	MIDDLE ALL		1AS	1
Ä,	5 - 5 - 9				RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S		
MOM	Poges medical		(4	ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	216628	051	Grace Holl	0 2720 F		Λ	01010
W. PRESTON ST.,	Joy the offending physics composition or remove to the physics combon polytics company or remove offer thousands event.	1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	Black	Nemic			MINS
DRDS, 201	en adnes Ther pla or to bla		NOI	PART 2 OTHER SIGNIFICANT								
AL RECC	the law cian. The hos be sit permit giene pric	2	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTE	206 IF YES, V IN CERTIFY IN YES [	G CAUSES	OF DEATH?
OF VIT	Clan: g physic ertificate inlatrons intol Hyg	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE O INJURY	IN ITEM 18 PART	1 OR PART 2)	
DIVISION OF VITAL RECORDS	attendin ter this of the bund we rked or I		MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC ]	211 LOCATION STREET	CHYORTOW	N	COUNTY	STATE
	pitol or TOR Affor use of Heolth		H	22a I certify that (1) this has sow the deceased alive a above, (1) we (did) Idid r	5-10	19 8	3-1,0	nd that in (my) our) opinian o	ta 5-10 death occurred on the dat	e and hour a	8 / nd from the	tho (1) (we) la causes stated
	AL DIRECTOR AL DIRECTOR AL DIRECTOR AT THE DEPT.			22b. SIGNATURE	m W	D		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		220 DATE	SIGNED 0.87
	NER De Ste	1		220 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		V		
	etained by TO FUNER should be a with the Str	V			vazzo,M.			Union Memori	al Hospital			
1			23a B	HPIAL CREMATION REMOVA	1 22h DATE	23, N	JAME OF C	EMETERY OR CREMATORY	234 LOCATION			

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial
24 FUNERAL DIRECTOR 5/15/87

234 NAME OF CEMETERY OR CREMATORY Arbutus Cem

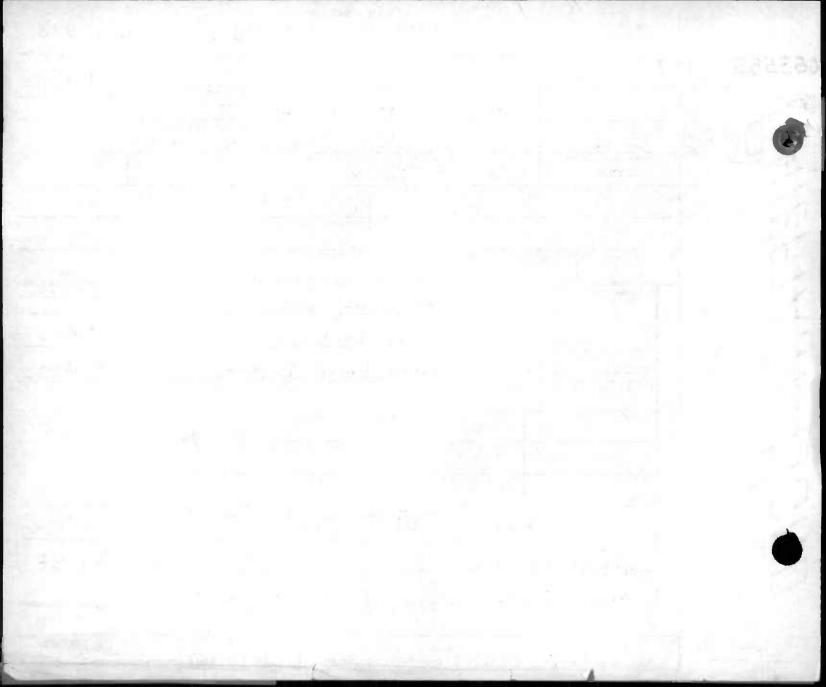
Union Memorial Hospital 238. LOCATION CITY OR TOWN

COUNTY

STATE

Wm. C. March F/H 1101 E. North Ave

Arbutus Md 250 Date Rec'd. By Registrar 256 Registrar's Signature



055450 JUN

STATE OF MARYLAND

1 - STATE	DEPAR	TMENT OF HEALTH AND		7	4 1	9 5
REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE O	FDEATH MONTH	DAY YEAR	26 HOUR
WARI	REN W.	WINKEL	STEIN	AY 28, 1987	7	9:45A. M
3 SEX	4 RACE	5. DATE OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
MALE	CAUCASIAN	FEB. 15,18	397 <sup>EAR</sup>	90 YRS.	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED 9 BALTIMO	ORE CITY OR COUNTY	OF DEATH	
NEW YORK	USA		NORCED	BALTIMORE	CITY	MD
10. CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE LONG GREEN NURS	ET ADDRESS)	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKING LII LERK	FE) INDUSTRY	STORE
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY  13c. CITY OR TO  BALTIM	WN 138. INSIDE	CITY LIMITS? 13e.STREET	ADDRESS / ZIP CODE	APT.	901 #21215
14 FATHER'S NAME	DAULIN		S MAIDEN NAME	VV DOLVEDO	KE AVE.	#21213
BARNETT	WINKELSTEI	N	MINNIE	MIDDLE	INKELST	EIN
160 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)   (18 YES,	ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMA	ANT MRS.RUTH D	RACHMAN		
NO	074-07-	9536   2420 1	BRAMBLETON RD	BALTO.,	MD 2	1209
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	type styll	Ĺ		ne	uth.
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	) TO THE TERMINAL DISEAS	SE OR CONDITION GIV	EN IN PART 1	0
190. DATE OF OPERATION  190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFO	DRMED Z00 AUT	IN CERTIF	S, WERE FINDING FYING CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURRED (ENTER N	ATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
saw the deceased olive	spital) attended the deceased from on 12/19.	DEGREE	, 19 , to , to , our opinion death occurred the control of the con	STAFF	ur and from the	
22d PHYSICIAN'S NAME (1YP)	e or print)	22e ADDRES		^	ne	
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR	CREMATORY 23d LOC		JD OUNTY	FT. STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signing by the attracts should be detoched for use as the burial-transit permit. Then please remark with the State Dept. of Health and Mental Hygiene prior to burial, creminities

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

BP.

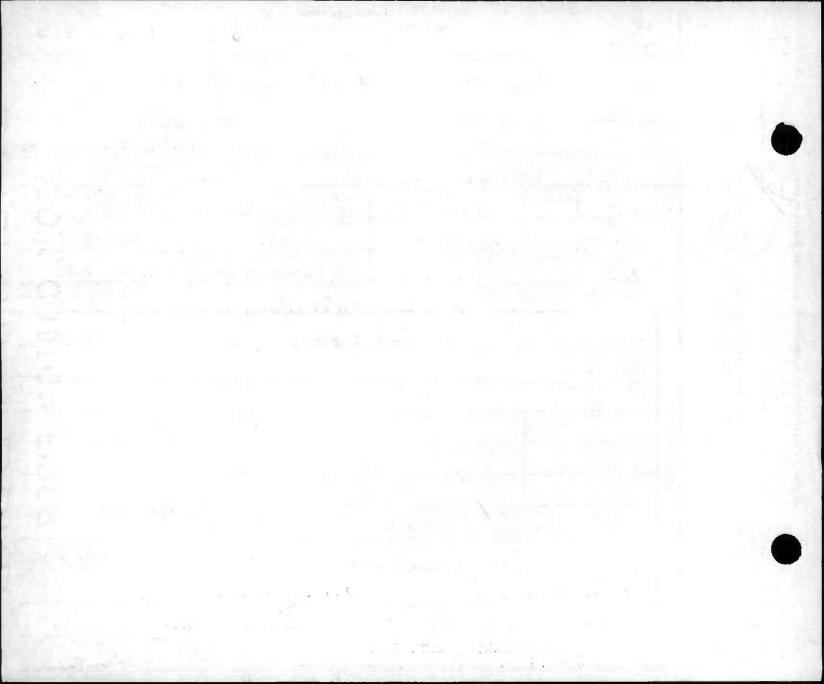
IMPORTANT: If them 21 is marked or them 18 shows ony

injury, or other troumafic

(VRA 15, 4)

24 FUNERAL DIRECTOR FUNERALDIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1987 Julia Troid A Julia Divideon Pendare



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8

- STATE REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) WILSON SID 87 5. DATE OF BIRTH 3. SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS FEMALE 14 1908 BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CAROLINA CITY OR TOWN OF DEATH INDUSTRY ROSEDAL BALTIMORE KERNAN HOSP SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h. COUNTY BALTIMORE FATHER'S NAME IN U.S. ARMED FORCES 1612 N ROSEDACE LIF YES, GIVE WAR OR DATES) WILLIE WILLSON BACT. MD 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF onorians Conditions, if ony, which gove rise to immediate couse lol, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [ NO T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TO PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY TH. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM THE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this-hospital) attended the deceased from sow the deceased plive on bove, (I) (we) fidit (did not) view the body after depth DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN 23d LOCATION RBUTUS MEMORIAL

ould be dith the Store

DHMH - 16 60M 7/84 (VRA 15, 4) FUNERAL

2501 BWYNNS FALLS PKWY, BALTO, MO, 21216 MAY

FOR STATE

nerol director page 3 in 72 hours after death

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CENTIFICATE OF DEATH

NE 8

90.3	1 4
/	1 4
REG. NO.	

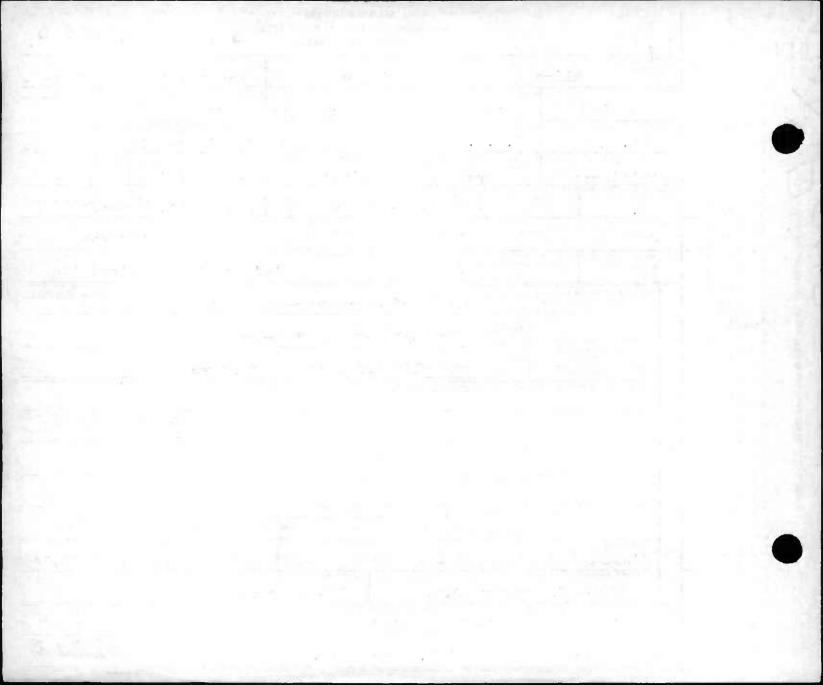
1	4	1	9	6
	- 63.4			6
TM	DAY	VEAR	25 140	LID

Aline Winley May 23, 1987 7076  1. SEX Female Black Bl		M.A.				REG. N			6
Aline  Winley  May 23, 1987  70.70  1. SEX Female  Black  Female  Black  To Date of Birth May 10 15 15 15  To SONTH DATE 10 15 15 15  To SONTH DATE 10 15 15 15  To SONTH DATE 10 15 15 15  To SALTIMORE CITY OR COUNTY OF DEATH  WOODLED DWORKED DWOR	(111		A	AIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Fe male  Black    O		Alin	е	Wi	inley	May 23,	1987	7	707am M
Fe maile   Black   10   15   15   71   YRS.	3 SE	X	4. RACE			6 AGE (INYEARS LAST BIR	THDAY) IF UN		IF UNDER 24 HRS
To be the procession   To country   Va.   To country   Va.		Female	Black		15 15	7.1	YRS	DATS	HOURS MIN.
WE CITY OR TOWN OF DEATH  IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH ACCITY, GMESTIBLE LADDRESS)  Baltimore  Church Home Hospital  Unemployed  Une				WHAT COUNTRY?	1	9 BALTIMORE CITY C		DEATH	
Baltimore Church Home Hospital Unemployed.    STATE   13b COUNTY   13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13c STREET ADDRESS / ZIP CODE   10.34 Rutland Ave. 212     A FATHER NAME   13b COUNTY   13d CITY OR TOWN   13d INSIDE CITY LIMITS?   13c STREET ADDRESS / ZIP CODE   10.34 Rutland Ave. 212     A FATHER NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A FATHER NAME   15 MOTHER'S MAIDEN NAME   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A FATHER NAME   15 MOTHER'S MAIDEN NAME   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}\text{MODIE}   10.34 Rutland Ave. 212     A COUNTY   17 IN \$\frac{1}{2}		Va.	U.S.A	1		Baltimon	e City		MD
136_CITY OR TOWN   136_INSIDE CITY LIMITS?   136_STREET ADDRESS / ZIP CODE   10.34 Rutland Ave.   212     14. FATHER'S NAME   Jeff   MODIE   Boyd   15. MOTHER'S MAIDEN NAME   Tin yes   MODIE   Hendric Kas     15. MOTHER'S MAIDEN NAME   Tin yes   MODIE   Hendric Kas     16. WAS DECEASED EVER IN U.S. ARMED FORCES?   166_SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS     17. NO OB UNKNOWN)   (# VES, GIVE WAR OR DATES)   N/A   Aldena Gladden 10.34 Rutland Ave     18. CAUSE OF DEATH HENTER only one couse per line for (o), (b), ond (c)     PARTI. DEATH WAS CAUSED BY:   Cardiopulmonary Arrest   45min     18. CAUSE OF DEATH HENTER only which   GOVERNOUS   10. Storing the Underlying couse   lost   (b)   Metabolic Acidosis   6 Hours     19. DATE OF OPERATION   196_CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HOLD     19. DATE OF OPERATION   196_CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HOLD     19. DATE OF OPERATION   196_CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HOLD     19. DATE OF OPERATION   196_CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GAUSES OF DEAT     YES	Hr. C		LIF NOT IN SUC	H FACHITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IT		F BUSINESS OR
Jeffst Mode Boyd Tings Mode Hendricks  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (17NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) N/A Aldena Gladden 1034 Rutland Ave  18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and 101. Cardiopulmonary Arrest 45min  18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and 101. Cardiopulmonary Arrest 45min  19 Conditions, if any, which gove rise to immediate cause lost. (b) Probable MI 2 Hours  19 CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE TERMINAL DISEASE OR CONDITION GOVERN FOR THE PART I OR PART 2 TO THE RIGHT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CONTRIBUTING	13a.	Md.	R OTHER INSTITUTION. NTY	13c. CITY OR TOWN	2 YES TO NO [	1034 Rut	ZIP CODE	ve.	21205
The cause of Death (Enter only one cause per line for 10), (b), and (c)	14. F		MIDDLE	Boyd			Hendr	icks	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	6a. \	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDR	ESS		
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO)  Cardiopulmonary Arrest 45min  DUE TO, OR AS A CONSEQUENCE OF Probable MI 2 Hours  Over rise to immediate cause Io.1, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Metabolic Acidosis 6 Hours  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFING CAUSES OF DEATH AND THE PART 10:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFING CAUSES OF DEATH AND THE PART 10:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE PART 10:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  PART 2 OTHER SIGNIFICANT	1	YNO OR UNKNOWN) (# YES, GIV	VE WAR OR DATES)	N/A	Aldena Gla	adden 103	34 Rut1	and	Ave.
COUSE (a), storing the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF Metabolic Acidosis 6 Hours  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14:0  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which	ED BY: TE CAUSE (a)	Cardiopulm				BETWEEN	MATE INTERVAL DINSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  216 INJURY OCCURRED 218 PLACE OF INJURY  A STREET CITY OR TOWN COUNTY STREET	TION	underlying cause lost.  PART 2 OTHER SIGNIFICANT (	(c) CONDITIONS <u>CC</u>	Metabolic	Acidosis BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON			
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216 INJURY OCCURRED  218 PLACE OF INJURY  AND HOME STREET CITY OR TOWN  STREET  CITY OR TOWN  COUNTY  STREET	Y	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERAT	TION WAS PERFORMED		IN CERTIFYING	RE FINDING CAUSES	OF DEATH?
	TIFIC					YES NOL	150		NO 🗌
ATWORK ATWORK	MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A./ R) P./ 21e PLACE (	M. MONTH DAY YEA M. 1 DF INJURY	9 211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I		NO []
Carol S. Ram DO ATTENDING MEDICAL STAFF May 23,		OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospi	ATH HOUR A./ R) P./ 21e PLACE (AT HOME, STR	M. MONTH DAY YE, M. 1 DF INJURY BET, FACTORY, OFFICE, FARM, ETC.) DE deceosed from 10	9 211 LOCATION STREET , 19	CITY OR TO	OWN (	COUNTY	STATE that (II (we) last
CAROL S. Ramsey D.O. 22e ADDRESS 100 N Broadway		OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospi sow the decased alive an above. (1) (we) (did) (did no  22b. SIGNATURE	AIH HOUR A.I R)  21e PLACE ( (AT HOME, STR  at) view the body	M. MONTH DAY YE, M. 1 DF INJURY BET, FACTORY, OFFICE, FARM, ETC.) DE deceosed from 10	AR 9 211 LOCATION STREET  , 19 , and that in (my) (aur) apinion of DEGREE  DEGREE  ATTENDING PHYSICIAN	CITY OR TO  death occurred on the di	OWN (19 part ) (19 par	COUNTY 1 d Irom the c	STATE  that (II (we) lost couses stated  SIGNED
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHTORIONAL COUNTY BUT'ial 5-28-87 Baltimore M	MEDICAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINET  21d INJURY OCCURRED  WHITE AT WORK AT WORK  220.1 certify that (1) (this hospi sow the deceased alive on above. (1) (we) (did) (did no  22b. SIGNATURE  CAROL S.  CAROL S.	AIH HOUR A.I R)  21e PLACE ( (AI HOME, STR  21) view the body  CORPRINT)  Ramsey	M. MONTH DAY YE, M. 1 DF INJURY EET, FACTORY, OFFICE, FARM, ETC. 1 e deceosed from alter death. D.O.	AR 9 211 LOCATION , 19 , and that in (my) (our) opinion of PHYSICIAN  22e ADDRESS  100 N Bree	CITY OR TO  . to  death occurred on the di  MEDICAL STA  DIRECTOR PHYSIC	OWN (19 part ) (19 par	COUNTY 1 d Irom the c	STATE  that (II (we) lost couses stated  SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, The



rol director, page 3 88

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF I	MENTAL HYGI DEATH	IENE 8	7 REG. NO	0.	4	İ	9	1
	OR PRINTS	FIRST		MIDDLE	ı	AST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOL	
		FELLA		K	W	UNTER	2		Н	ay,	3,5	84	8:3	AN
3. SE		4	RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIR	THDAY)	MONTHS		IF UNDER	R 24 HRS
F	EMALE		WHIT	E	JAN		1894	93	83	YRS.		DATS	HOOKS	Mind.
	RTHPLACE (STATE OR E	OREIGN 71		WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED .	9 BALTIM	ORE CITY O	R COUNT	TY OF DE	ATH		
Ma	ryland		U.S.A		WIDOWE		VORCED	Bal	timore	Cit	У		5,50	WE
3	SALT I MORE		GOOD O	HOSPITAL, NURSIN THEACILITY, GIVE STREET SAMMA	ADDRESS)		PITAL		OCCUPATI ORK FOR MOST O	F WORKING		USTRY	F BUSIN	ESS OR
13a. S	AL RESIDENCE (IF NURS TATE <b>ryland</b>	136 COUNT		Baltimor	N	13d. INSIDE C	NO 🗌	461	ADDRESS /	ZIP COI	DE all I	Road	212	239
6	THER'S NAME arles	Eď	ward	Bayne			s MAIDEN NAM FIRST <b>zabeth</b>	ΛE	MIDDLE		A	lans		
16a V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMA	INT		ADDRE	55				
No	VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	212-22-2	592	Miss !	Millice	nt A.	Morri	.8 8	ame a	as 1	3e	
	Conditions, if ony, gove rise to improve couse (o), stating underlying couse	nediote ig the lost.	( (c)	R AS A CONSEQUE		NOT RELATED	) TO THE TERM!	INAL DISEA	SE OR CON	DITION G	IVEN IN F	PART III		
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUT	OPSY?	IN CERT	ES, WERE			TH?
	21a. ACCIDENT WAS UNI	CAUSE OF DEATH		DE INJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTERN	NATURE OF INJUI	RY IN ITEM 18	B PART I OR	PART 2)		
MEDICAL	21d. INJURY OCCUR	ane 🗀	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATI			CITY OR TO	WN	co	UNTY		STATE
	sow the deceose obove, (1) (we) (22b. SIGNATURE	ed olive on_	May 1	319	87 , 01		19 <u>8</u> - (our) opinion o		red on the do	3 ote and h		om the	that M (couses st	toted
	4-4	Low		>			ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAI				131	
	22d. PHYSICIAM'S N.		PRINT) HAWLI	ам		??e ADDRES	is Good	Sam	arithm	Hosg	1 042			
230 Bu	SURIAL, CREMATION,		236 DATE 05/06/			emetery or	Cemete		ATION IVORTOWN Bltime	re C	itv.	Mar		STATE nd

New Cathedral Cemeter

DHMH - 16 60M 7/84

BP.

MPORTANT: If Hem 21 is should be detache

TO FUNERAL DIRECTOR. After this certificate has bee

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

05/06/1987

CITY PRIOWN COUNTY STATE

STATE

CHY PRIOWN

CHY OR TOWN

CHY OR TOWN

STATE

COUNTY

STATE

Julia Divider Rendale

Nutrition 7.3.6. Safety Carlo

THE SECOND SECON

Saryland all allers and allers and allers and annual and allers an

RIF-N.- 927 Man Millionn A. Jornia nome so 15d

Addinguest and to exponentially secured to enterprise the first terminal to the secure of the secure

Lucarity &. Luca, Inc. California, Varyland

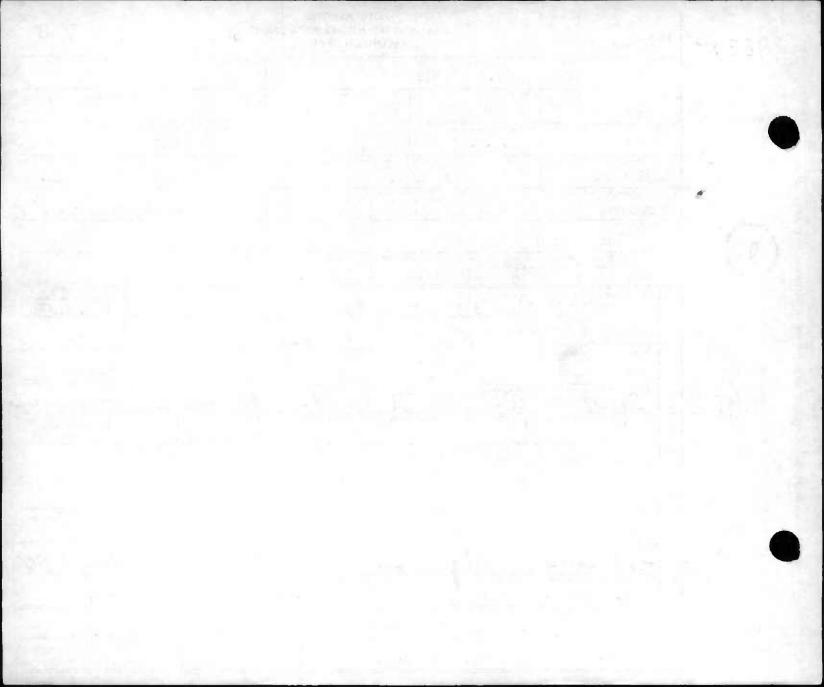
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate by the haspital or attending physician.	YLAND 21201	nin 24 hours after
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL  O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate stained by the haspital an attending physician.	TIMORE, MAS	(3
DIVISION OF VITAL RECORDS, 201 W. PRES  O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dec  etamed by the haspital an attending physician.	TON ST., BAL	oth certificate
DIVISION OF VITAL RECORDS, O HOSPITAL OR ATTENDING PHYSICIAN: The law requirestanted by the haspital or attending physician.	201 W. PRES	es that the de
DIVISION OF VIT O HOSPITAL OR ATTENDING PHYSICIAN: 1 storned by the hospital or attending physic	AL RECORDS,	the law requir
O HOSPITAL OR ATTENDING	SION OF VIT	PHYSICIAN: 1
O HOSPITAL OR	Divi	ATTENDING spital or affe
		O HOSPITAL OR

053985

may be

BP. DHMH - 16 60M

85	je i i	.,	1 -	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	4!	98
page 3 er death		1		CEASED NAME FIRST GWYNT	n T. Wis		LAST		DAY YEAR	26 HOUR
ector. pa	1	4	3 SEX	Male	White	Feb	of Birth Fuary 23, 1917		IF UNDER TYEAR	HOURS MIN.
neral dir	7	8	9	Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED DED NORCED	Baltimore CITY OR COUNTY Baltimore (		MD.
by the fu	18	50	Ba	altimore	11. NAME OF HOSPITAL, NURSING THE STREET STREET STREET STREET STREET	eet		17a USUAL OCCUPATION IT TO FE OF WORK FOR MOST OF WORKING LIFE FORK Lift Operat		anuf.
filled in	S RATE	5	Ma	ryland 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR  JNTY  136. CITY OR TOW  Baltim	VN	YES X NO	13: SIREH ADDRESS / ZIP CODE 1412 Berry Str	eet :	21211
重	H	X	)	John Milto			Myrtle	Edna Wright	LAST	
S Pa	月	1	16a W	YAS DECEASED EVER IN U.S. A	irmed forces? 166 social section 7		John L. Wis	e Sar		
g physical	emaval. event, th			PART I. DEATH WAS CAUS	anly one cause per line far (a), (b), ar SED BY: ATE CAUSE (a) OYCS UNC	d cd	idial arres	t	BETWEEN ON	NSEL AND DEATH
attending ave carbi	stian, ar r	Ą		Canditians, if any, which	DUE TO, OR AS A CONSEQU	MENCE OF	ASCVA		year	6
d by the	ol, cremo			cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF			yea	6
t. Then pl	or to burny, o		TION	Sq uamous	Cell Canils	04	Tonsul - un		rations	Lemo &
te has be	giene pri	4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NO YES		
certifical	tental Hy	9	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	AY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 P.	(RT I OR PART ?)	
fter this	th and M		MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC	214 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
CTOR. A	of Heat		8	saw the deceased alive a abave, (I) (we) (did) (did r	pital) attended the deceased fram.  N. Q.J. 3  19  19  19  19  19  10  10  10  10  10	17.0		, ta death accurred an the date and haur		hat(I) (we) last auses stated
y me no RAL DIRE detached	ote Dept			for Dr Gary ]	I Cohen alfuel	12	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	May	1 /8 /987
TO FUNERAL	with the Stat	1		Dr. Allen M.			711 W. 401	th Street Balt	imore,	MD
P	3 \$		(	urial, cremation, remova Burial	May 19, 1987 Dt			Cockeysville, I	Balto.Co	o., MD
MH - 16 6 (VRA 1:		84		ineral director ingee-Henss Fur	neral Home, Balti	more,		E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATU	JRE



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

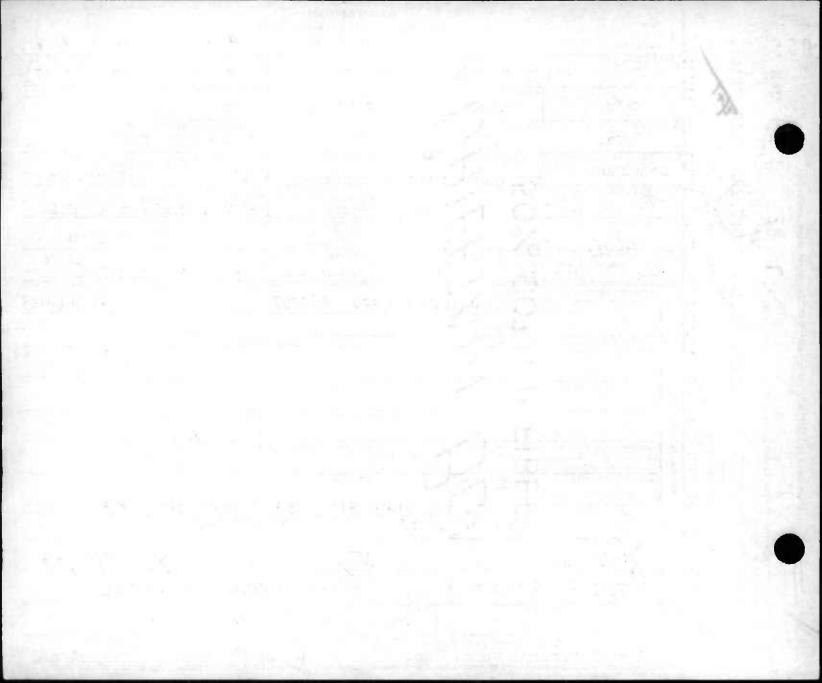
8	REG. N	10.	4	-	9	9
ATE OF E	SEATH	MONTH	DAY	VEAD	TO HOUD	_

11	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	O /	6. NO.	41	9 9
87		CEASED NAME FIRS		DDIE	,	LFE	20. DATE OF DEAT		1987	12:47 P
7	A 051			LEL	S. DATE C		MAI		IF UNDER I YEAR	IF UNDER 24 HRS
/3	3 SEX	Male	4. RACE White	2		3-22-22 YEAR	65		MONTHS DATS	HOURS MIN.
5	7a BII	RTHPLACE (STATE OR FOREIGN			8		9 BALTIMORE CIT	YRS.	TY OF DEATH	
		Va.	U.S	.A.	WIDOWE		BALTIM		CITY	MD.
YER	В	ALTIMORE	THE JOH	FACILITY, GIVE STREET A	DDRESS)	HOSPITAL	120 USUAL OCCUI (TYPE OF WORK FOR MC Retired			. Steel
LA	13a. Ş	Ma.	OUNTY	ive residence before 7 3c. CITY OR TOWN Baltimore	1	13d. Inside City Limits? Yes 🎇 NO 🗌	3247 E.			21224
J.	14 FA	THER'S NAME FIRST  Leffel	MIDDLE Bud	Wolfe		15 MOTHER'S MAIDEN NAM	<b>NE</b>	LE	Jamiš	on
~		VAS DECEASED EVER IN U.S		66 SOCIAL SECUR	RITY NO.	17 INFORMANT	AC	DRESS		21224
PEI				228-16-	3325	Juanita H.	Wolfe	3247	E. Balto	
T,		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA		ne for (a), (b), and		RY ARNEST				MINUTES
- DR, KORE	NOI	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause los	h (b)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR C	ONDITION G	SIVEN IN PART 10	o .
MED	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIE TIFYING CAUSES YES [	NGS USED OF DEATH?
-NO		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.M	. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART ( OR PART 2)	
S	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE TO NOT WHILE TO NOT WORK	21e PLACE O LAT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
ED A		220 I certify that (I) (this saw the deceased alim	BA 2 1	31 19 8		31 , 19 87 ad that in (my) (aur) apinian c	leath accurred an th	31 ne date and ho	aur and Iram the	
EAS		MY L. Ve	Las				MEDICAL DIRECTOR   PH	STAFF	5/3	31/87
REI		JON R	RESAR			JOHNS HO		HOSP	ITAL	
	(	BURIAL, CREMATION, REMO (SPECIFY) Removal	23b. DATE 5-31-			EMETERY OR CREMATORY Star Cemetery	Rt.4 C			STATE
34		UNERAL DIRECTOR 3	331 Brehm	s Lane	2123		IUN 8 10	1		
	50	chimunek Fu	meral Ho	me, Inc	•		PI DILL	87 Auli	a Devideon	Pendalle

Julia Dividson Pandall

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:



1		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE 8	REG. NO	).	4 2	0 0
DAY (S MAY)		CEASED NAME OR PRINTI	FIRST	1. RACE	MIDDLE	OLF.	SON	20 DATE OF	12/	8 >	Y YEAR	26 HOUR 12 30 M
age 4 m		FEMALE		WE	HITE	MODILE	BIRTH 29  BAY  JOAN  YEAR		70	YRS.	NIHS DAT	
		RTHPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF USA	what country A	? 8 MARRIE WIDOWE		9. BALTIMO	PUT	COUNTY C	F DEATH	Y MD.
by the transfer of	4	OR TOWN OF DEAT	1	SINOT IN SUC	HEACILITY, GIVE STREET	S ADDRESS)	ROTHER INSTITUTION	HOUS!	EWIFE	WORKING LIFE)	AT I	
100	MÅF	RYLAND	3b COUNT BAL	Dr. C	13c. CITY OR TO		134 INSIDE CITY LIMITS?		ADDRESS / SEVEN	ZIP CODE A	LA.	E-1 #21208
	3	THER'S NAME FIRST SRAEL	Ď	AVID	MILLE		15. MOTHER'S MAIDEN N	A	WIODLE		OLDF	INE
The second		VAS DECEASED EVER IN		MED FORCES? WAR OR DATES)	212-01-		3920 CARTH			ALLSTC		
the death certificate the other carbon paying the other physical remove corbon pages remailed, or removal, the traumfalts event, the	State Control	Conditions, if ony, gave rise to imme couse (a), stating	which ediote the	DUE TO, O	R AS A CONSEQU	JUENCE OF	I risc	S			BETWEE	Oximate interval In Onset and Death
At RECORDS, 2011  The low-requires that some the present. Then please to burnel.  The present Then please to burnel.  To a present to burnel.	CERTIFICATION	APP 2 OTHER SIGNI	SUA	es			NOT RELATED TO THE TEI	200 AUTO		20b. IF YES, V	WERE FINE	DINGS USED ES OF DEATH? NO
DIVISION OF VIT MG PHYSICIAN attenting physic After this certification as the bursicities in and Mental Hy-	MEDICAL CEI	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	USE OF DEAT (LEXAMINER)	P. 21e. PLACE	M. MONTH I M.	DAY YEAR 19	211 LOCATION STREET	JRRED (ENIERNA	CITY OF TOW		COUNTY	) STATE
LL OR ATTENDEN THE hospital or ALL DRECTOR, Attended for the or the Dept. all Mealth If Nem 21 is tho		22a I certify that (I) (I) (I) saw the deceased abave, (I) (we) (die 22b. SIGNATURE	this hospita	/ /-	. 1		d that in (my) (a) opinio		STAF	F		that (h ( ) last he causes stated
TO HOSPIT, secured by To FUNER, should be directly with the Student MAPORTAN	22-0	224 PHYSICIAN'S NAM	山芝	A	1	NU	27e ADDRESS	Hor	USA			
BP	(	SURIAL, CREMATION, RI SPECIFY) BURIAL	J		2,1987	AITZ C		CITY	OR TOWN BALTIM	ORE		IARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	60	INERAL DIRECTOR S	STOWN	RD. B	& BROS. ALTO., M		21215 NAV	2 7 198	7		R'S SIGN	-

21215 MAY 2 7 1987



rector, page 3 urs after death

by the funeral director.

within 72 ho

filed

njury, or other troumotic

for use as the burial-transit permit. Then p of Health and Mental Hygiene prior to bur

should be detached with the State Dept.

(VRA 15, 4)

morked or frem 18 shows

If Item 21 is

MPORTANT

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING

the hospital

BP.

offer

### STATE OF MARYLAND

4 3	/ 3
ha	U
	2

17h KIND OF BUSINESS OR

Federa APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21213

MD.

	1- STATE CERTIFICATE OF DEATH 8 7 REG. NO. 1 4 2 0								
	1. DECEASED NAME FIRST			WOMACK		20 DATE OF DEATH MONTH		187 95°C	
	3 SEX Female	Black	5. DATE OF BIE		(%)	BIRTHDAY	UNDER TYPEAR	PUNCER SA	
	N, C.	USA	WIDOWED X		D BALT	OR COUNTY O	F DEATH		
	BALTO.	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH BALTO.	GEN- 6		120 USUAL OCCUP (TYPE OF WORK FOR MO		INDUSTRY	OF BUSINESS	
1	USUAL RESIDENCE (IF NURSING HOME OR O 13a STATE 13b COUNT	TY I3c. CITY OR TOV	YO, YE	INSIDE CITY LIMIT	2846 8	SS / 718 CODE		21213	
	14 FATHER'S NAME FIRST  M	NIDDLE LAST	15. /	MOTHER'S MAIDE FIRST	MIDDI		LAS	JT .	
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE 1)	WAR OR DATES)		atherin	ADI 1e Ha <u>tton 2</u>	846 E.	Fede		
	APPROXIMATE INTEREST OF DEATH (Enter only one couse per line for ta), (b), and ic)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO</u>			200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
	OR COLUMNIA COLUMN OF DELLA	CCURRED (ENTER MIURE OF I	YJURY IN ITEM 18 PART	I OR PART 2)					
	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d MINJURY OCCURRED  WHILE NOT WHILE ALL WARREST	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		LOCATION	CITY OF	RIOWN	COUNTY	STATE	

22b. SIGNATURE

DEGREE

STAFF

220 DATE SIGNED

STATE

22e ADDRESS

Cemeter

ATTENDING

PHYSICIAN

230 BURIAL CREMATION, REMOVAL (SPECIFY)B a

25b. DATE 5/14/87 230 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Baltimore

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR | PHYSICIAN

STATE COUNTY MD

24. FUNERAL DIRECTOP DHMH - 16 60M 7/84

March F/H 1101

22a I certify that (I) (this hospital) attended the deceased from.

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

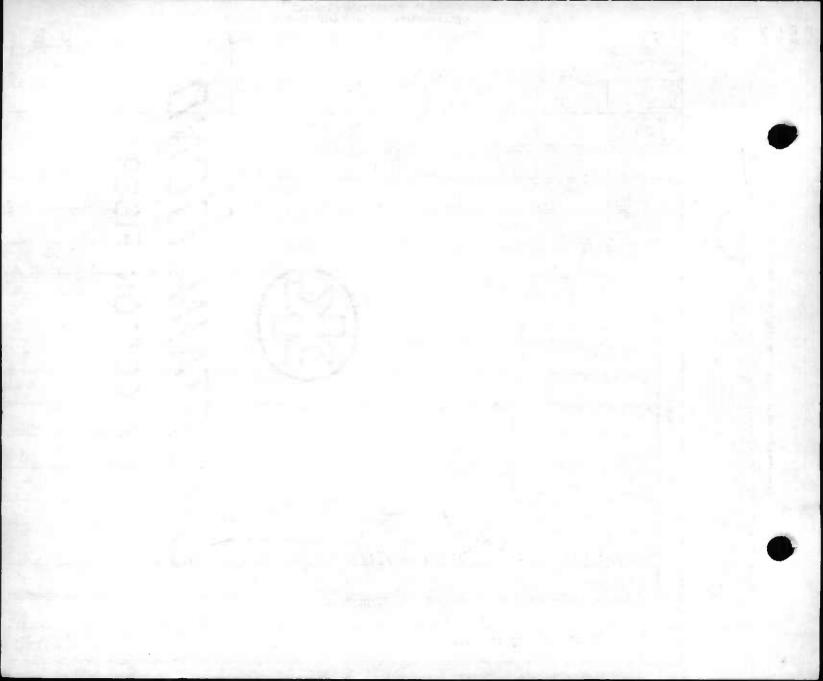
North Ave.

Baltimore

MAY 1 3 1987

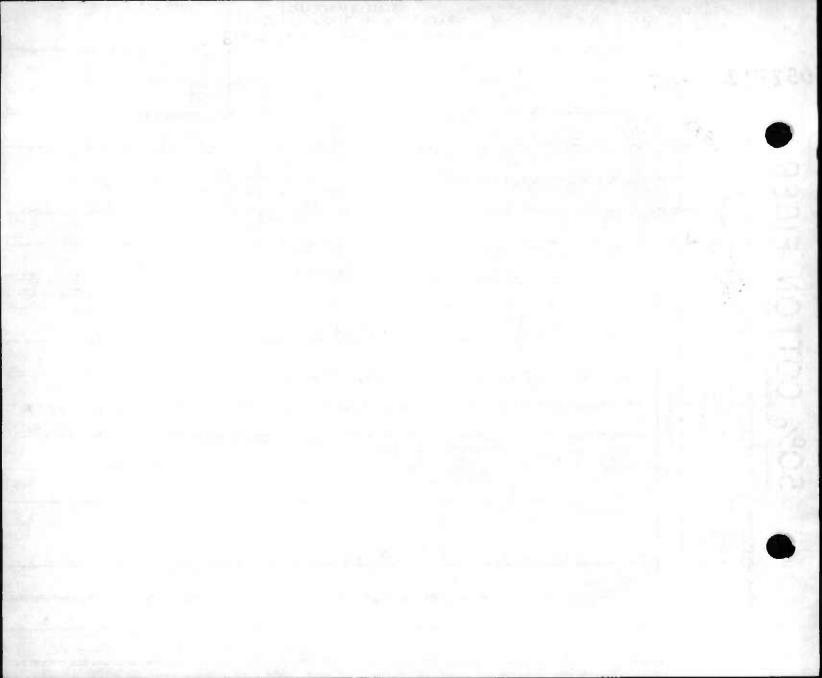


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 24 DATE KNOWN X 2b. HOUR (TYPE OR PRINT) NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS Charles Christopher DEATH MATED 24/19 87 Wood 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White 29, 1967 19 May DEAD 24/1987 P TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA Baltimore City DIVORCED WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Installer Baltimore University Hospital Shock Trauma SS White Overhead COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. Maryland Lutherville No X 221 Spring Ave. 21093 Door A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lutherville, Md. MIDDLE LAST Robert Donald Wood, Sr. Rosemary Claire Gunzelman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 21093 No 212-02-5819 Mr. Robert D. Wood, SR., 221 Spring Av 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? ARTMENT OF HIS YES X NO [ 꽒 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) GE 4 SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR; PAGE 3 SHOULD THE DEPOSIT OF THE DEPOSITOR THE STATE DEPOSITOR. INVOICE: MARKLAND: 21201 PRIOR TO HOUR YOM MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH B: 20 P.M. 22/19 87 motorcyclist lost control/ejected 21e PLACE OF INJURY (ATHOME 21 LOCATION 21d INJURY OCCURRED AT WORK AT WORK X STREET, FACTORY, FARM, ETC.) roadway Cockeysville Rd., Cockeysville, Balto. Co., Md. 77s. I certify ther I took charge of the remains describ HEAD , ONLY Autopsy X Inspection Inquiry and in my apinian Undetermined manner Homicide L TITLE ISPECIFY) DATE 5/25/87 Assistant SIGNED EXAMINER'S NAME Dennis F. Smyth, M, .D. 111 Pann St. (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 5/28/87 Dulaney Valley Mem. Gar. Timonium Balto. Md. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 ha Dinton Pas Martin D. Lawson, 10 W. Padonia RD. (VR A15 ME (5))

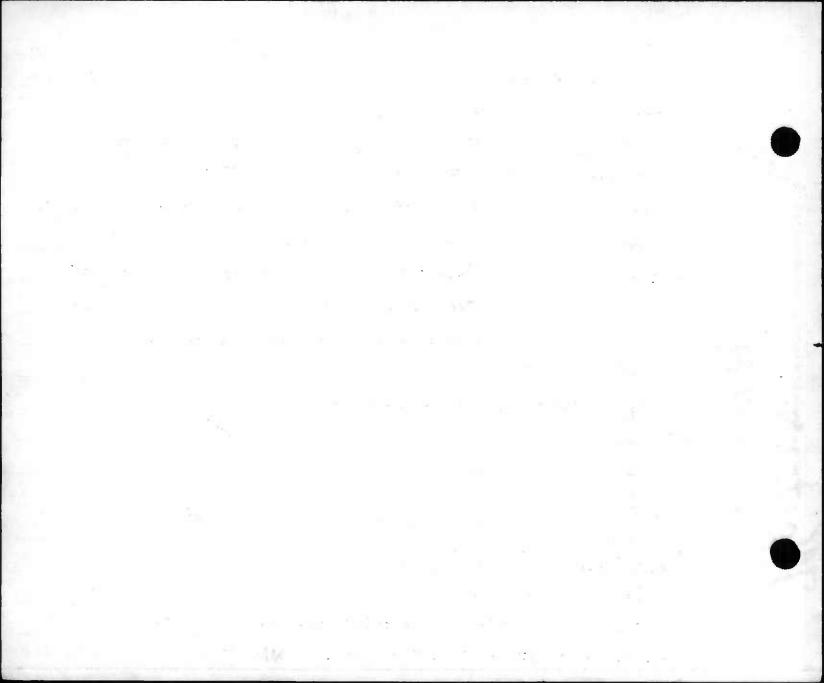


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN LTYPE OF PRINTS OF ESTI-Zebulan DEATH MATED 5/ Woods 4/ 1987 4 RACE IF UNDER 24 HRS 1:00 DATE RAL DIREC R YOUR HIN 72 HC YEAR LAST BIRTHDAY PRONOUNCED male black 31 1923 53 DEAD 19 87 ам IRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED US Baltimore City DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Retired 4503 Umatilla Ave Baltimore UAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REPORT ADMISSION. STATE Baltimore 13b COUNTY 13d THSIDE CITY LIMITS? 13e STREET ADDRESS YESXX 4503 Umatilla Avenue 21215 NO T 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Woods, Sr Daisy MIDDLE Zebulan Smith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS TYES, NO OR UNKNOWN 243-20-5949 Ernestine Woods 4503 Umatilla Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) MEDICAL EXAMINER ALONG AS A BURIAL - TRANSI PERMIT EALTH AND MENTAL HYGERE CREMATION, OR REMIT PART I DEATH WAS CAUSED BY RETWEEN ONSET AND DEATH Seizure Disorder IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Alcoholism gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BAUTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 20 AUTOPSY? YES X NO 710 FXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. I STREET CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinian Hamicide Undetermined manner TITLE (SPECIFY) DATE 5/4/87 Assistant EXAMINER'S NAME Dennis F. Smyth. 111 Perm St. M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 5/8/87 Woodlawn Cemetery Balto 07/84 Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE DHMH - 17 Wm. C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND



	1					OF MARYLAND					
52951 MAY	11	FOR STATE REGISTRAR	MIDDLE	DEPARTM		ALTH AND MENTAL HYC	0 /	REG. NO.	DAY	2 (	0 4
may be page 3 er death		CLARE				OLFCRO	Za DATE OF DE	O5		87	5AM
ge 4 moy ector. pa rs ofter d	3 SE	ale	Black		5. DATE O	BIRTH DAY YEAR 21 22	& AGE (IN YEAR	) YR		DAYS M	UNDER 24 HRS
	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY) MD	76. CITIZEN OF WHAT USA		WIDOWE			imore (		ATH	MD.
4 9	Ва	ty or town of death	Mercy	Hospia	DDREST)	OTHER INSTITUTION	170 USUAL OC	CUPATION A WO TO F WORKIN		KIND OF B USTRY	BUSINESS OR
hin 24 hau should be in should be	13a. S	AL RESIDENCE (15 NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION GIVERINTY	ESIDENCE BEFORE	e	136 INSIDE CITY LIMITS? YESX NO	13e STREET ADD	oreșs / zip ci Linden	ope leaf	Ct.	21202
omplete		THER'S NAME FIRST  Gus		leet		IS MOTHER'S MAIDENNA Annie		AIDOLE	Woo1	ford	
n and Page		(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G Yes	IVE WAR OR DATES)	0 2 - 0 7 -		Clarice C	arter 1	ADDRESS 228 Li			
g physicia anpaper emoval.		PART I. DEATH WAS CAUS  IMMEDIA	ED BY			SHOCK			Bi	DM	TE INTERVAL SET AND DEATH
res that the dea ined by the attended option, cremater y, or ether troum	7	Conditions, if any, which gave rise to immediate cause (a), stafting the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	HEROSK A CONSEQUE	NCE OF					Y CART IIa	2
nas beer no permit.	CERTIFICATION	190 DATE OF OPERATION	A PENP	FOR WHICH	DPERATION	I WAS PERFORMED	700 AUTOPS		YES, WERE RTIFYING O	AUSES OF	
SICIA ng pl certif certif tental:	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATUR	E OF INJURY IN ITEM	A 18 PART T OR	PART 2)	
선 등 후 들 현	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FA	RM EIC )	STREET		ITY OR TOWN		NIA	STATE
Price Price		sow the deceased plive above (1) (this has	4.00		1	d that in my (aur) opinion	death occurred a	on the date and		om the cou	
HOSPITAL OR A'		226 PHYSICIAN'S NAME (TYPE	P. Phill	را درو	m	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		DATE SIG	P)
TO HOSPITAL ( retained by the TO FUNERAL E should be detain with the State E IMPORTANT: If	22	DUMPS L	P PMu		200	METERY OR CREMATORY	SPINE 1		pau	PLIP	3/12 m
BP		SPECIFY Burial  JNERAL DIRECTOR	5/9/87			ew Mem. Pk	B'ar	l't'imor	Tund	ALL - Kan	Mari
DHMH - 16 60M 7/B4 (VRA 15, 4)		m. C. March	F/H 1101	E N	orth	Ave. M	AY 8 Mg	O. L. S. KEG	GISTRAR 5 3	HONATUR	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician.

STATE OF MARYLAND	
-------------------	--

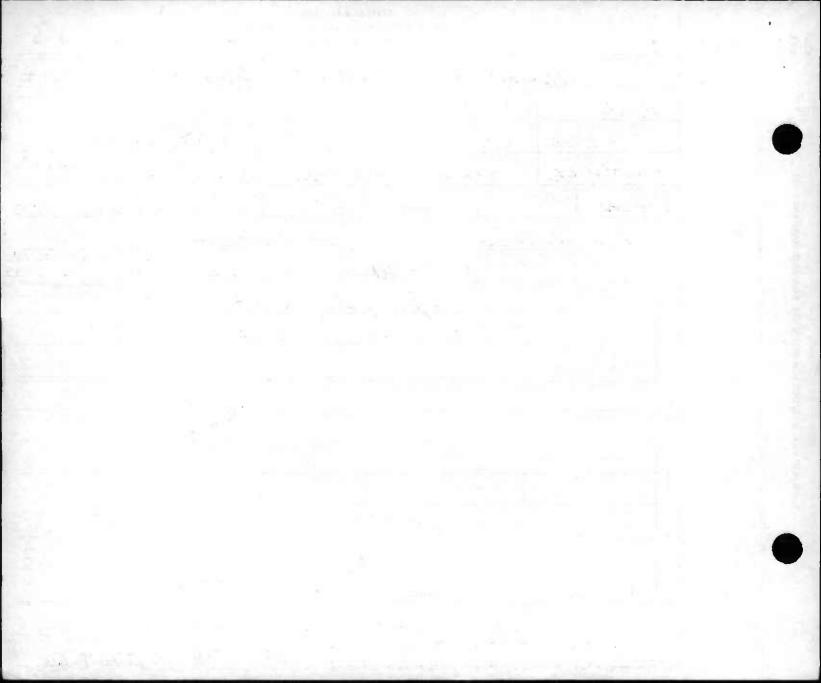
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	4	2	0	1
					Later and the	-

119	a A	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	2	0 :
		CEASED NAME FIRST	* *	MIDOLE	, ,	IAST A A A	5 26	MONTH DAY	YEAR 21	HOUR
			LIAM	JAMES	WO	RIHAN	1 0	87		10/1
	3 SEX		4 RACE	~	5. DATE (		6. AGE (IN YEARS LAST B	IRTHOAY) IF UNI		UNDER 24
		MALE	WHI	71=	0	7 23 10	16	YRS		
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTE	RY? 8	D X NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	EATH	
15	· ·	Maryland	U.S.	Α.	WIDOW		CITY	Baltin	more	
25	10 C1	TY OR TOWN OF DEATH			SING HOME	OR OTHER INSTITUTION	170 USUAL OCCUPA	TION 12	KIND OF B	USINESS
	?	ALTIMORK	S	( N G	140	SPITAL.	Chief of Pla	nt protect:	ion & S	afty
1		AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
40.	Ma	ryland		Balti	more	YES 🔀 NO 🗌		dcrest A	venue	21
27	14. F.A	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
煙()	-	Charles Evans				Laura Edit			LAST	
8 4		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDI	RESS 5605	Woode	rest
27	No		E WAR OR DATES)	2160	3-3ah	Mrs. Geraldi	ne I. Worth		o., MD	
4/		18 CAUSE OF DEATH (Enter or							APPROXIMA BETWEEN ONS	
t c		PART I. DEATH WAS CAUSE	D BY.	1.	150	ouln av	20-4-			
njury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION GIVEN IN	PART 1:0	
No.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
S. S.	CER	210 ACCIDENT WAS UNDERLYING	]   716. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
E.	ICAL	OR CONTRIBUTING CAUSE OF DE	4111	.M. MONTH	DAY YEAR					
±/	20	(IF EITHER NOTIFY MEDICAL EXAMINES		.M. OF INJURY	19	211 LOCATION		W. The second	-	
pa	MEDI	WHILE OF NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITY OR T	OWN	OUNTY	STAT
ork	200	AT WORK				1 - 12 27	5/1/		9-1	
is n		220.1 certify that (1) (this hasp	~1.		47	19-20-/-	, to	. 19		it (I) (we)
n 21		saw the deceased alive on above, (IHWe) (did) (did no	triew the body	after death.	, 0	nd that in (my) (aur) apinion	aeath accurred on the			
the .		27b. SIGNATURE	11.0	11		DEGREE			220 DATESK	GNED
T. If Rem		110949	+ lus	MV		ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN A	5/21	618
TAN /	.5	274 PHYSICIAN'S NAME COME	OK PRINTI			22e ADDRESS	4 4 -4			
IMPORTANT: I		Mutter S	. GOTTL	188 N	P	SINAI	HOSPITH	<u></u>		
<		BURIAL, CREMATION, REMOVAL			30 NAME OF	CEMETERY OR CREMATORY	23d LOCATION		YINI	STAT
		Burial	5/29/	87	Wood:	lawn Cemtery	Woodlaw			MD.
	24. FI	UNERAL DIRECTORING By	rs Fune	ral Dir	ectors	Inc. 250. DA	TE REC'D. BY REGISTRA	R 75b. REGISTRAR'S	SIGNATUR	E
17/B4		NAME HOLLING Dye				AA/	Y27 1987	11.0 20	ton Par	-
4)	0	728 Liberty Road	1 77 4	7 7 .	3.000	21133		Maria Harr	1 - 71	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



- 1	0
2120	hours
2	24
ARYLA	within
AORE, MJ	executed
NE .	be
ST., 8A	rtificote
Z	9
ESTO	deoth
DC DC	the
× ×	thot
ORDS, 20	requires
RECO	3
A	H-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of
INIG	TTENDING

		FOR STATE REGISTRAR			MENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	IENE 7	REG. NO.		2 0	6
	1 DEC	CEASED NAME FIRST MAR		H.		THINGION	20 DATE OF D	EATH M			2b HOUR
	3 SEX 4. RACE			11.6	5. DATE O		6. AGE (IN YEAR	MA SELAST BIRTH		HER I YEAR	IF UNDER 24 HRS
	Female Cauc		Caucas	ian	MONT			67	YRS	DAYS	HOURS MIN.
ファ	70 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE		COUNTY OF D	EATH	
1	1	Maryland	U.S.A.		WIDOW	D DIVORCED	BALTI				MD.
4	1	TY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUCH	N MEMORIA	AL HO	OR OTHER INSTITUTION SPITAL	120. USUAL OC (TYPE OF WORK FO Clerica	OR MOST OF V	VORKING LIFE) 121	S.S.	BUSINESS OR
E	13a. S	TATE 136 COU	NTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Catonsvi	N.	134 INSIDE CITY LIMITS? YES NOX	13e STREET AD 5212 01		OP CODE ederick	Road	21229
2	HFA	THER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NAM		MIDDLE		LAST	
/	4	Samue1		bbert	IDITIVA I G	Sarah	1 11	3WDDB##	Unknow		
2			VE WAR OR DATES)	213-16-5		17 INFORMANIMT. Ca 5212 Old Fre	_				21220
		18 CAUSE OF DEATH (Enter of				JZIZ OIG FIG	edelick	Noau	Dailo		ATE INTERVAL
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10									
	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUT						TION GIVEN IN	PART 110		
7	CERTIFICATION	190 DATE OF OPERATION	-	TION FOR WHICH		MGPENE TO	200 AUTOPS		70b. IF YES, WER IN CERTIFYING YES [		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DAUSE OF DE	ATH HOUR A.A	A. CONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATUR	E OF INJURY	N 11EM 18 PART 1 O	R PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE INDUSTRIES IN A TWORK	21e PLACE C	OF INJURY SET, FOORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	C	PINUC	STATE
		22a I certify that (I) (this hosp sow the deceased alive or abave, (I) (we) (did) (did no			mai	nd that in (my) (our) opinion (	, 10	YICLY on the date	ond hour and		nat (I) (we) lost ouses stated
1		22b. SIGNATURE Deffry a	01	, in. 8.		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		May 1	6, 1987
	1	224. PHYSICHAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	MENODI	AT TEX			
	220 0	JEFFREY A. G		l an a	IAME OF		MEMORIA		SPITAL		
	(	URIAL, CREMATION, REMOVAL SPECKY)				EMETERY OR CREMATORY	23d LOCATION CITY OR	TOWN	D = 1 to d		STATE
		JUNERAL DIRECTOR Lorin	5/19/8		Direc	wn Cemetery	Wood1	SISTRARIZE	Baltime b. REGISTRAR'S		MD.
4		1728 Tiberty Ro					MY 19	1987	Julia Da	order.	Randous

DHMH - 16 60M 7/84 (VRA 15, 4)

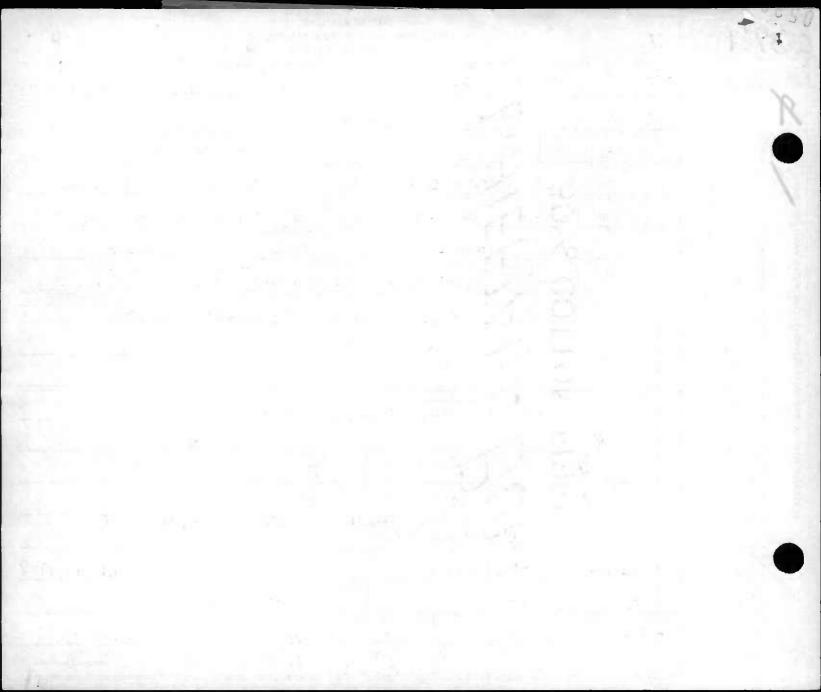
8728 Liberty Road Randallstown, MD. 21133

TO FILE AND DIRECTOR: After this certificate has been signed by the ottending physicion and control to the unit be unfaced for use as the buriol-transit permit. Then please remove corbon papers. Pages the start Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. MPOTTANT If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medica

retained by the haspital or attending physician.

TO HOSPITAL OR

BP.



054.39.7

	1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO	GIENE / REG. NO	1 4 2	0 /
1		DEASED NAME FIR	est MIDI	DLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	25 HOUR
. 1	=7 (Ar	Christi	ne E	. Wrig	ht	May 18,	1987	10:,10 a
	3 SEX	(	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR	
	F	emale	White	Apri		82	YRS.	MOOKS I MAKE
E CO		RTHPLACE (STATE OF FOREK	76. CITIZEN OF WH	HAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
2		ward Count	y USA	WIDOW		Baltimo	re City	MD.
	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	12e USUAL OCCUPATE	ON 125 KIND	OF BUSINESS OR
0		ltimore	The We	sley Home,	Inc.	Secretary		
5	13a S MD	TATE 13b.	COUNTY 13	e residence before admission) c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 2 2 1 1 W .		enue 212
	14. FA	THER'S NAME FIRST	Flecther	Wright	IS MOTHER'S MAIDEN NA Elizabet	WIDDLE	Sm	, ith
		VAS DECEASED EVER IN U (15, NO OR UNKNOWN) (15)	YES, GIVE WAR OR DATES)	12-07-0686	The Wesley	Home 221	II W. Roge	
		PART I. DE ATH WAS	nter only one couse per lin CAUSED BY: AEDIATE CAUSE (0)	Cornery C	intery Dis	eere	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
		Conditions, if any, wh gave rise to immedia cause (a), stating underlying cause la	ich (b)	S A CONSEQUENCE OF	Carlism	joputly		
	NOI	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1	(0
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
1	E.	21a. ACCIDENT WAS UNDERLY	ING 216. TIME OF I	NJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	

IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC ) CITY OR TOWN NOT WHILE

obove, (1) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF

27c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Robert Liberto, MD

3508 Bank Street

PHYSIC IAN

236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY

BURIAL 5/21/87 LORRHINE PART. CAM

24 FÜNERAL DIRECTOR 212/4 250 PATE RE

COM WOOD/AWN BALTO TO MO

DIRECTOR PHYSICIAN

PORE - HENSS FUNERAL HOME 3631 FALLS Rd

DHMH - 16 60M 7/84 (VRA 15, 4)

prior to burial, cremotian,

marked or Hem 18 shaws any

MEDICAL

r use as the burial-transit per Health and Mental Hygiene

this certificate has been

TO FUNERAL DIRECTOR.

BP.

should be detached with the State Dept.

MPORTANT.

DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201	CORDS, 201 W, PR	ESTON ST., BALTI	MORE, MA	RYLAND	21201	
RELEASED NON-MED DR. DIXON PER MR FRBEN.  TO HOSPITAL OR ATTENDING PHYSICIAN: The line requires that the distribution or ottending physician.	I-MED DR	beath certificate be	PER	MR	FREE	de de de
TO FUNERAL DIRECTOR: After this certificant has been spend by the attending physical and completely than by a future should be detached for use as the burial-train in permit. Then pleate contaminately in agent and a hound a future of the TV with the State Dept. of Health and Mental Hygeria prior to but all empression of empression.	been stoned by the nint. Then please remo	strending physical ave carbon popert. Iron premopal	and change		):	22.5
IMPORTANT: If Hem 21 is marked ar Hem 18 mount	any inquey, or all an ter	number of the	S		10000	A

054814

rctor, page 3

I DECEASED NAME

Female

70 BIRTHPLACE (STATE OR FOREIGN

D. CITY OR TOWN OF DEATH

BALTIMORE

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

236. DATE

5/30/87

Wm. C. March F/H 1101 E. North Ave.

(TYPE OR PRINT)

3. SEX

FIRST

EDNA

DEP	RTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	Q 7	G, NO.	4 2	0.8
MIDDLE		AST	20 DATE OF DEA	TH MONTH	DAY YEAR 21	HOUR P
	WF	RIGHT	MAY 25	, 1987		8:36
4. RACE	5. DATE (		6 AGE (IN YEARS L			FUNDER 24 HRS
Black	MONT	DAY YEAR 2 13	7.3	YRS.	MONTHS DAYS H	HOURS MIN
76. CITIZEN OF WHAT COUNT		D NEVER MARRIED		ITY OR COUNTY	OF DEATH	
USA	MARRIE	VV	BALTI	MORE C	ΙΤΥ	MD
11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' THE JOHNS	TREET ADDRESS)	OR OTHER INSTITUTION  NS HOSPITA	12a USUAL OCCU	JPATION	126. KIND OF B	
OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDR	ESS ZIP CODE Milto	n Ave.	21224
Richbu	ry	E 1 1 a	AME	DIE	Co 1 e	in als ta bis. I
WAR OR DATES	-6286	Angela Re		N. Mil	ton Ave	. 21224
y one couse per line for (0), (b) BY: E CAUSE (0) Lat die	1	nu arrest			2	TEINTERVAL SET AND DEATH
DUE TO, OR AS A CONSE	QUENCE OF	J				
<						

23d LOCATION

250. DAMRAND DY BORDON 256 REGISTRAND STONATURE

STATE

5	Mq S	AL RESIDENCE (IF NURSING HOME OR OTI TATE 136 COUNTY aryland	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  Baltimore	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		00.
9	4 FA	THER'S NAME arry		IS MOTHER'S MAIDEN NAM		ITTUN	Ave.21	224_
	00 W	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W		Angela Ree	se 148 N.		n Ave.	2122
ENIONE	12/02/	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.		J	nal disease or con	DITION GIVEN II	APPROXIMATE IN BETWEEN ONSET AN 30 M/	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS US CAUSES OF DEA	ATH?
	_	710. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE		-		
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn (	OUNTY	STATE
		22a I certify that (1) (this hospital) saw the deceased plive on above (1)/I)we (did (did early)	ew the body after death.	d that in (my) low opinion do	eoth occurred on the de	te and hour and	from the couses	Zwe) last stated
		226. SIGNATURE	1 1 1		MEDICAL STAI	F	May ?	5. (98)
		220 PHYSICIAN'S NAME (TYPEORY)	Strumps	600 N.	VOTE ST.	INS HO	SPITAL 2	1204

23c NAME OF CEMETERY OR CREMATORY

Eastview

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

U.

\$

418450

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I- DECEASED NAME FIRST 20 DATE OF DEATH MONTH (TYPE OR PRINT) Jacklyn J. Wright 981 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. Jan. 12, 1965 Female White TE BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED WEVER MARRIED Baltimore City Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) File Clerk, Security St. Balto . Md . Baltimore WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore St.Balto.Md. E.Randall 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDDLE FIRSTJoan ALIDDLE John Hughes May ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 212-88-5265 Ronald J. Wright, Jr. Same as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) III LOCATION 214 INJURY OCCURRED The PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) NOI WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_ sow the deceased alive on the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be detorate in the State I

0

24 FUNERAL DIRECTOR

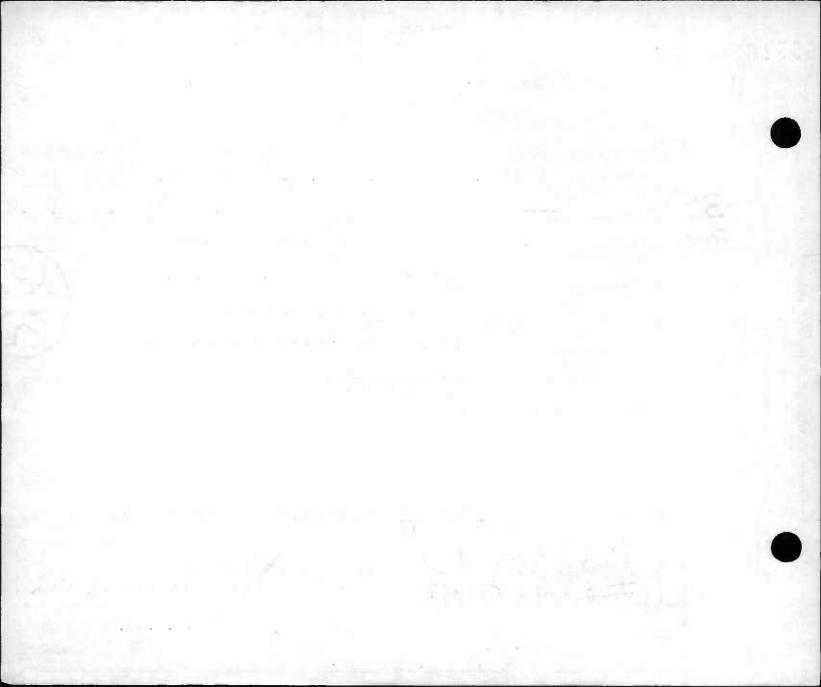
230. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Hill Cemt Cedar

23d LOCATION Barto . A. A. Co . Mary land

Funeral Home, 130

150. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



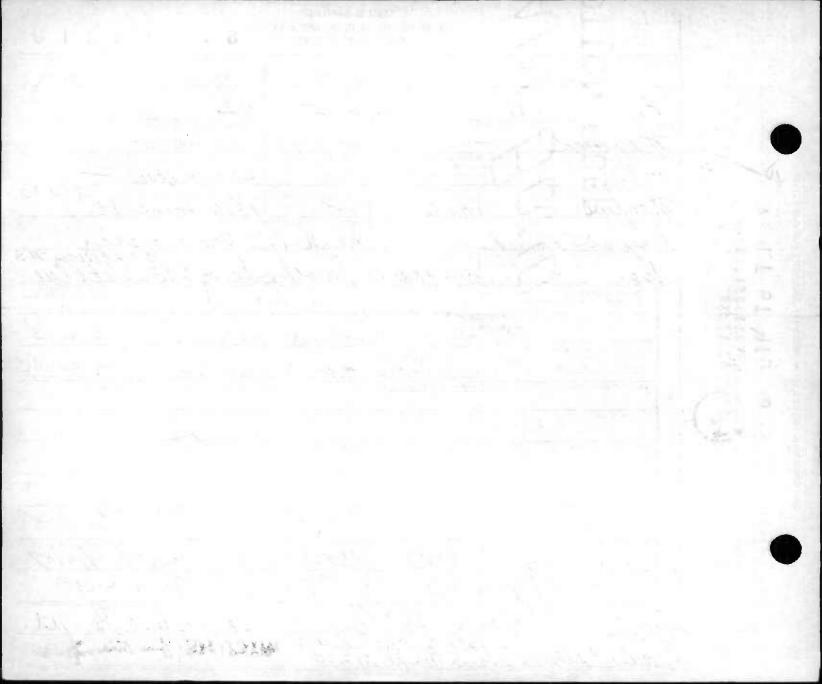
## STATE OF MARYLAND

1"3	4.7	1
14		
U		
	REG. NO.	

			ve
1	2	1	0
-	dies	- 4	~

D54083 MAY	FOR FOR 1 - STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 REG. NO.	4 2	10
	DECEASED NAME	FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH D	AY YEAR	26 HOUR
noy be poge 3	ATYPE OR PRINT)	ANNA		WROBLEWSKI	MAY 19, 1987		3:00A M
e 4 may ctor. po	3. SEX	4	RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR	HOURS MIN.
Pog dire	To. BIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
ooth.	Maryl	and		WIDOWED DIVORCED	BALTIMORE CITY		MD.
ther de	BALTIMORE	DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOPK		126. USUAL OCCUPATION STORY OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	BUSINESS OR
ND 2120	USUAL RESIDENCE (IF	IURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE		13 STREET ADDRESS ZIP CODE	st.	7/230
MARYLA STORY	HOA WIN	Lin	cool into	ISMOTHER'S MAIDEN NA	lydorou	vier	Kan
MORE,	WAS PICEASED EN		ED FORCES? IN SOCIAL SECU	2522 Dorothy	Levey 513	wit	lue.
W. PRESTON ST., BALL	Conditions, if a gave rise to cause (a), si	IMMEDIATE  IMMEDIATE  any, which immediate ating the	DUE TO, OR AS A CONSEQU	atory Arres	pneumonia	BETWEEN C	day S
Some by the state of the state			ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110	
The second secon	90 DATE OF OPE	RATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDIN YING CAUSES S	
OF VITA CLAN- T g physics enflicate instrum mai from	2 to ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	The same of the sa	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART ( OR PART 2)	
(VISION VG PHTS attentions on the byte	21d. INJURY OCC	T WHILE WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	PARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDE ATTENDE CTOR AL I for site of 1. of Health	saw the dec abave, (1)	pared alive on_	strended the deceased fram_ 5/19/19/19/19/19		7 , to 5/19, a death accurred an the date and have		
RAL DIES	22b. SIGNATURE	sche	y Goonnie	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFE DIRECTOR PHYSICIAN	S/	9/87
O HOSPI TESTING S O FUNE Inhald be whost A	22d. PHYSICIAN	DNEY	YOON MID	JoH.		40	5P
45.000	TIN JRIAL, CREMATIC	ON, REMOVAL	236. DAYE / 231	NAME OF CEMETERY OR CREMATORY	THE DEATION ITY OR TOWN	COUNTDA	AIATA

DHMH - 16 60M 7/84 (VRA 15, 4)

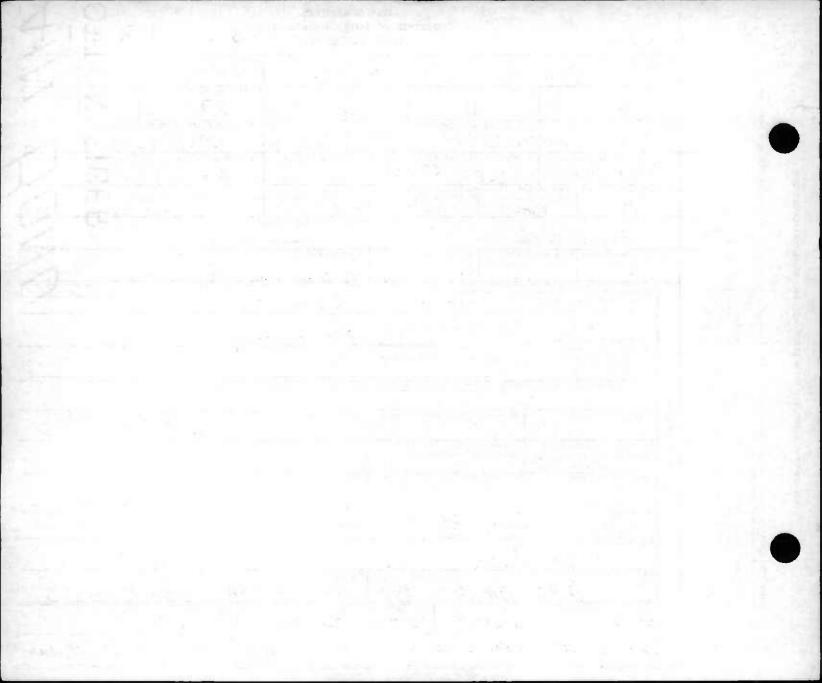


3476 1871	1/8	FOR STATE REGISTRAR		ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	142	11
may be page 3 er death		OR PRINT)	+ M		TERB;	20. DATE OF DEATH MI	ONIH DAY YEAR	10:30A
ge 4 may	3. SE	-	4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTHE	MONTHS DAY	
Post And And And And And And And And And And	70 BI	RTHPLACE (STATE OR FOREIGN OUNTRY) NORWITCH, COL	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		MD.
rs after death. by the funeral filed within 72 h	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	VORKING LIFE) INDUSTR	OF BUSINESS OR
ND 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE	13c/CITY OR	BEFORE ADMISSION) TOWN ALT	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		m 2122
d within ad within xominer	14 FA	THER'S NAME WILLIAM HAF			15. MOTHER'S MAIDEN NA FIRST NETTT TE	ME MIDDLE		AST
MORE, 1		/AS DECEASED EVER IN U.S. AR/ IES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL E WAR OR DATES)	SECURITY NO.	17 INFORMANT  WILLIAM YE	ADDRESS	BROADWA	y cm
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours restriction by sistence.  When this certificate has been signed by the attending physician and conditions the filled in by as the burial-transit permit. Then please remove carbon papers, Page 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal.  The and Mental Hygiene prior to burial, cremation, or removal.  The and Mental B shows any injury, or other traumance event, the medical examiner must be an activated or them.	NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	D BY:  (E CAUSE (b)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEQUENCE OF	ME TAST	A315		DAMAATE INTERVAL N ONSET AND DEATH
ne law re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES -	DINGS USED ES OF DEATH?
HOSPITAL OR ATTENDING by the hospiral or the hospiral or the hospiral or the behached for use or the State Dept. of Heal or the State Dept. of Heal ORTANT: If them 21 is many than the State Dept.	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURED AT WORK AT WORD AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORD	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	rom 1H	211 LOCATION SIREET  AND SIREET  AND SIREET  AND SIREET  AND SIREET  AND SIREET  ATTENDING PHYSICIAN SIREET  22e ADDRESS	RED (ENTER NATURE OF INJURY I	COUNTY  1957  22c. DAI	state  , that (I) (we) lost the couses stated  TE/SIGNED
TO TO Show with MP		URIAL, CREMATION, REMOVAL	23b. DATE 5 /1 2 /8 7		EMETERY OR CREMATORY IS MEM PK	BATTON		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

LEROY O. DYETT 4600 LIBERTY HEIGHTS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



05442011.

uneral director, page 3

\$1	A	TE	0	M	AI	RYL	AP	40
 							100	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	-4	17
REG NO	4	2
REG. NO.		

1	15	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL F	HYGIENE 8	PREG. NO.	4 2	2 1	2
1		CEASED NAME	FIRST	MIDDLE	l	AST	20 DATI	OF DEATH MONTH	DAY YE	AR Zb He	OUR
	(ITPE	OKPKINI)	Mary	9.	Yingli	ina		5	198.	7 12:	15A M
	3 SEX	(	4. RACE		5. DATE C	F BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1	YEAR IF UNE	DER 24 HRS
	F	emale	White	9	Augr	ust 22, 1891	1 95	YE		AYS HOUR	KS MIN.
1		RTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTI	MORE CITY OR COU	NTY OF DEAT	Н	
		Md.	T	JSA	WIDOWE		n E	altimore C	lity		MD.
1	22	ry or town of DEAT Baltimore	(# NOT IN SU	CH FACILITY, GIVE ST		oital	12e USU	IAL OCCUPATION WORK FOR MOST OF WORKIN	12b. KIN	ND OF BUSI	
6	13a S		G HOME OR OTHER INSTITUTION 36 COUNTY		EFORE ADMISSION)	13d. INSIDE CITY LIMITS YES 🔭 NO 🗌	? 13e.STRE	ET ADDRESS / ZIP CO		1214	
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
1	2	William	C.	Clark	k	August	ta	C.	W	oolsla	ager
			U.S. ARMED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	the order	ADDRESS			
	,,,,	no		215-10-	-2220D	Mrs. Mary H	Keiser	Same			
		18. CAUSE OF DEATH	(Enter only one couse pe S CAUSED BY:	line for (a), (b)	, ond (ci.)	1	.0	(	BETW	PROXIMATE IN	HERVAL IND DEATH
			MMEDIATE CAUSE (0)	Co	rdio p.	1/monary	Hus	to			
			DUE TO, C	R AS A CONSE	OUENCE OF						
		Conditions, if ony,		R	) Cerch	no vascular	Hui	dent			
		gove rise to imme couse (o), stoting	the DUE TO, C	R AS A CONSE	OUENCE OF-	1 1					
		underlying couse	lost (c)	Ac	cute K	eral tail	ure				
	7	PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISI	EASE OR CONDITION	GIVEN IN PAR	I 110	
	9	C'h	rance Obsta	active	Kulnon			gestive the		91141	-
7	CERTIFICATION	19e. DATE OF OPERATION	ON 19b. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	7 200 A	INCE	YES, WERE FILE RTIFYING CAL YES	ND INGS US USES OF DE NO	EATH?
		210. ACCIDENT WAS UNDER	110110	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJURY IN ITEM	A 18 PART I OR PAR	T 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICA	LEXAMINER) P	Μ.	19						
	VED	21d. INJURY OCCURRE	(AT HOME, ST	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET		CITY OF TOWN	COUNT	Υ	STATE
	1	WHILE NOT WHILE				ST. LITTLE					
			his hospital ottended th		C	13 19 8	, to	5/17	19.8.7	_	(we) lost
		obove (1) (we) (dis	Calive on 5 17	ofter death.	4	nd that in (my) (our) opin	non death acc	urred on the date and			
		226. SIGNATURE	- 01		11	DEGREE	G MEDIC	AL STAFF	72c. D	ATE SIGNE	D
		PI	evan of	0	50	M ) PHYSICIAN		OR PHYSICIAN	5	117/0	5 /
		22d PHYSICIAN'S NAM		- //		77e ADDRESS					
		Steven	Crwafo	ord /		Union Me	morial	Hospital			
	23a B	URIAL, CREMATION, RI				EMETERY OR CREMATO		OCATION CITY OR TOWN	COUNTY		STATE
		Danman	More O	1 1007	MA OF	7			1.6		-

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detoched for use as the burial-transit permit. Then please remove corban papers. Page

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

njury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR
L'ébnard J. Ruck Inc. Baltimore, Maryland

Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 25 SPECISTRAR'S SIGNAR DE LA COMPANY 2 1 1987

MAY 2 1 1987

Sign than the same against

English the Park II Carried

Looker, Just Lac. Saleton, Juryland

o Linux V

CICAL PRODUCT VICAL . ALL CORRECTION

oggunidire

Baltimore w 1501 three Avenue 91916

Allian C. Clork Augusta C. Manialanar

has franch

1	1			STATE OF MARYLAND		
4820 JUN -	U	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
y be death	T DE	CEASED NAME FIRST OF PRINTS	MOSEPH	Yorkshire	26. DATE OF DEATH	5 7 87 8 AM
ctor, p	3. SE	male	black	5. DATE OF BIRTH MONTH DAY YEAR  (C) 14 (0)	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
death. Pag	10 B	RTHPLACE ISTATE OR FOREIGN OUNTRY! ASHINGTON D.C.	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. C	COUNTY OF DEATH  iry  MD.
by the fu	10 C	BALTINOVE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A MONTE BELL	GHOME OR OTHER INSTITUTION  ODERESS)  HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
MD 212	USU 13a.	AL RESIDENCE (IF NURSING HOME OR C STATE 138, COUNT Md. 17/10CL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY  13c CITY OR TOWN  CON CON SUITA POLICY	ADMISSION) 13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	mer Ave 746
MARYL ond 25	14 F.	ATHER'S NAME FIRST MI	HOOLE YORKShir	Barbara	ME	SIMMS
iMORE,	160	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SECUR MAR OR DATES! 579-92-1	1068 Barbara York	shire 4744	Homer Avenue
T., BALT  Tificate k  physicio an papers emoval.  svent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED (MMEDIATE		PULMORARY ARC	LEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  20 20 0
feath cer feath cer trending ve carbo ion, or re		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF HOLEN CALE ASSESSED	la d	
by the observed by the observed other tro		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF Laber Calors		
RDS, 201	NO	PART 2. OTHER SIGNIFICANT CO	107	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN IN PART 1(a)
he law re on. has been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
SION OF VITA PHYSICIAN: TI ending physicis this certificate the burial-tronsis of Mental Hygi d or Item   8 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF MUUR)	Y IN ITEM 18, PART 1 OR PART 2)
DIVISION ING PHYSI of this contending of the burning of the burning of the burning of the ord Meland	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
OR ATTENDIN e hospital or DIRECTOR: Al ched for use Oppt. of Heat i Hem 21 is mo		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)		, and that in (my) (our) opinion (	, to death accurred on the do	, 19, that (I) (we) lost te and hour and from the couses stated
		22b. SIGNATURE	14	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	22c. DATE SIGNED
HOSPI sined b FUNE build be th the S		22d PHYSICIAN'S NAME (TYPE OR		224. ADDRESS		
BP	230.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		AME OF CEMETERY OR CREMATORY Shinestan National	234 LOCATION CITY OR JOWN	COUNTY Marylan
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS	R   < E   250. W	W2 7 987	Sh. REGISTRAP'S SIGNAHIRE

wfilled in by the funeral director, page 3 hould be filed within 72 hours after death

	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 7	1 4	2.14			
JUI	1. DE	CARR.		ISON	YOUNG	2a DATE OF DEATH O		120 HOUR 120 AM			
	3. SE	x Female	4. RACE Brack	5. DATE		6. AGE (IN YEARS LAST BIRTI	HDAY] IF UI	NDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.			
1		South Carolina  ITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, NURS	WIDOW		Baltimore  120 USUAL OCCUPATION	MD  26. KIND OF BUSINESS OR				
O Option	В	altimore	(IF NOT IN SUCH FACILITY, GIVE STREE  Liberty Medica  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  OR OTHER INSTITUTION GIVE RESIDENCE BEFORE GIVE BEFORE	1 Cent	er	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Waitress					
25	130. 3	Maryland   136 COU		WN	134 INSIDE CITY LIMITS?	818 Whiteld	zip CODE ock Str	eet 21217			
examine	14. F/	Wil <sup>fliam</sup>	Madison Madison		15. MOTHER'S MAIDEN NA	MIDDLÉ		Wonsley			
medical	160 \	WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 215-14		Rose Madiso	n Epps 125 V		Ave. 21228			
jury, or other troumotic event	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS  CONDITIONS  CONTRIBUTING TO	UENCE OF		nin al disease or cond	Dweeks IN PART 110				
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	ERE FINDINGS USED G CAUSES OF DEATH? NO				
or frem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETIMER. NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	19	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR		OR PART ?)  COUNTY STATE			
is morked	¥		(AT HOME STREET, FACTORY, OFFICE		5/19 19 87	to	, 19_	, that (I) (we) last			
IMPORTANT: If them 21		saw the decessed alive as above. (I) (well (did) (did no no no no no no no no no no no no no	OR PRINT)	2	22e ADDRESS	FIAMO	120. DATE SIGNED				
MPO ,	23a	BURIAL, CREMATION, REMOVAL ISPECIAL Burial	L 23b DATE 23c	NAME OF	CEMETERY OR CREMATORY On Cemetery	Meticolon City or Town Baltimore	cc	DUNTY STATE			

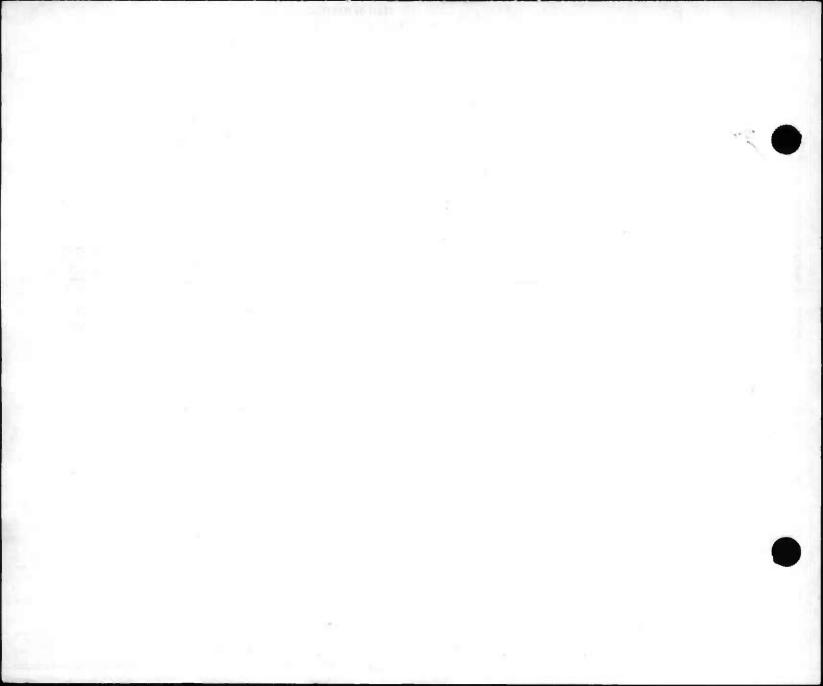
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

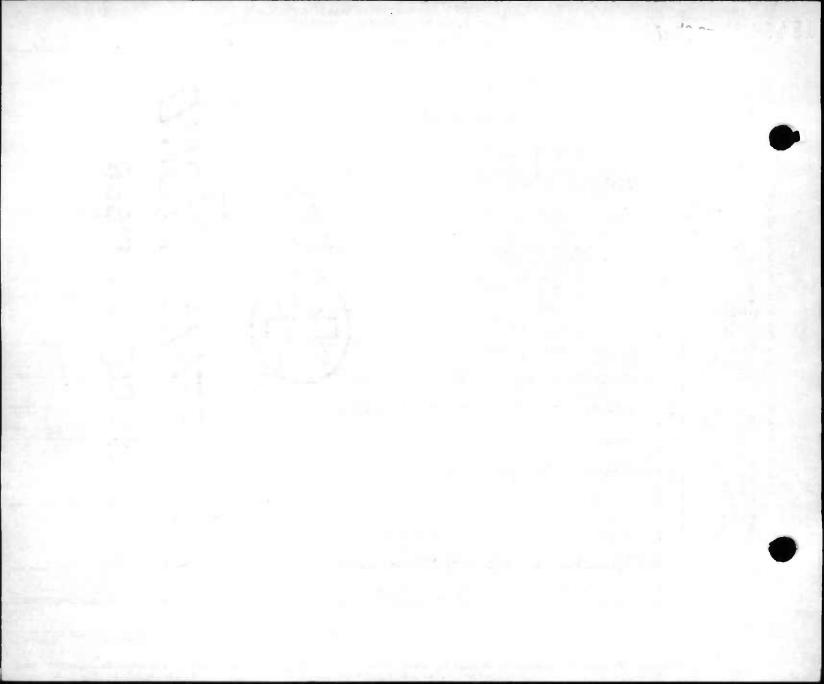
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remave corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or remaval.

Marshall W. Jones, Jr. FH 41010 Edmondson 24229

23d LOCATION
CITY OR TOWN
Baltimore City, Maryland Mt. Zion Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTBAR'S SIGNATURE



F 1 0	1.0		FOR			DEPART	STA		ARYLAN		IVGIEN						
543	43 1472	518	STATE REGISTRAR		ME		EXAMIN				-		REG.	h 4	')	-1	us Juga
			CEASED NAME	FIRST		WIDDLE			AST			20. DATE	KNOWN		DAY	YEAR	26 HOUR
	1. 8.55.8.E.	(146	E OR PRINT)	MARK	An	thony		YC	DUNG			Or	ESTI- MATED		19	19 87	
	RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS ON STREET,	3. SEX	(	4 RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YE.	ARS IF UNI	DER 1 YR.	IF UNDER		2c. DATE	ICED.	HINOM		YEAR	2d HOUR
	DIRE DUR DN S	Ma		Black	8 14	54	32 YF	, MOINT	DAYS	HOURS	MIN	PRONOUN DEAD	ICED	5	19	19 87	1:10 AM
-	NASE I		RTHPLACE (ST		76 CITIZEN OF W	HAT COUN	VTRY?	8. MARRIE	D XX NE	VER MARR	IED 🗆	9 BALTIM	ORE CITY	OR COUP	ITY OF I	DEATH	
	ANT ANT ANT ANT ANT ANT ANT ANT ANT ANT	10.0	TY OR TOWN		USA		250121212	WIDOW		DIVORC		Balt	imor	e Cit	У		MD
4	2、12、12、12、12、12、12、12、12、12、12、12、12、12				11. NAME OF HO	ACILITY, GIVE S	STREET ADDRESS)			TION	FOR A	nost of work	KING LIFE)	TYPE OF WORK	OI OI	ND OF BUR	RY
7	30° 80° -		Baltimor		Univers	SITY I	Hospita	1 (S7	ru)		UI	remp i c	yea			-	
21201	E CERTS		Md.	13h COUN		13c CITY	or town		13d INSIDE CI	ITY LIMITS?	13e SIR	ADDRE	ss nc ol	Aven		2122	2
	サルル	14. E/	ATHER'S NAME			Do	110.		YES LX	NO L		70 KI	113 Cy	AVEI	ue	2122	3
, A	H-WAN	Mr.	John		A.	Your	LAST		F	ores		M	IDDLE M	loore		LAST	
MOR	20000	16e V		DEVER IN U.S. AR	MED FORCES?		CIAL SECURIT	YNO.	17. INFORA				ADDRE				
BALTIMORE, MD.	A A GE	. "	No. OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	218-	62-962	7	Sand	Ira Al	llen		728	Yale	Ave.		
	WIT WIT		18 CAUSE O	F DEATH (Enter on	ly ane couse per lin				78						T A	PPROXIMATE	INTERVAL
N S	24 HOU ITEM 16 LONG PERMIT GIENE, OVAL.	7	CILL	ATH WAS CAUSED	TE CAUSE (o)		iple in		s wit	th cor	mplic	cation	ns				
ESTO	ZZAZZZ		8/9	ns, if any, which	DUE TO, OF	R AS A CON	NSEQUENCE (	OF .									
, P.	ENTHIN MINER A MINER A TRANSIT ENTAL HY OR REMO		gove ris	e to immediate stating the under-	(b)				~~~								
V 10	UTED WITHI EXAMINER RIAL - TRANS D MENTAL H		lying cau		DUE 10, OR	AS A CON	NSEOUENCE (	OF .									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	O: _ = = = =		PART 2 OTNER SIG	GNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 rei						
00	D BE EXE ENDING MEDICAL AS A BU EALTH AR CREMA!	20	300				osis of										
L RE	HOULD NED "PER MILL COF HEAL, C	CERTIFICATION	19a. DATE OF	OPERATION			WHICH OPER					- 1			20.	UTOPSY	
¥ ¥	CATE SHOULD THE WORD "PI THE CHIEF I ULD BE USED TMENT OF HE RTO BURIAL,	Ě														YES 😾	NO 🗆
0	FICATE OTHE WOULD B COULD B CATOR TO B		21e EXTERNA	IL CAUSE WAS	21b. TIME O HOUR &	E INJURY	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER M	NATURE OF INJ	URY IN ITEM	18 PART 1 OR P	ART 2)		
O	E PO SAS	MEDICAL	CONTRIBUTION	NG CAUSE OF I	0.01		1,7-			ian st	truck	by a	auto.	- 63	9		
N N	REDEP REDEP GE 3 SI TE DEP	MED	21d INJURY C	NOT WHILE &	2 Te PLACE STREET, FAC	TORY, FARM, E			REET			CITY OR TOV	VN	C	YTMUC		STATE
	T>SAA		AT WORK	AT WORK	str	eet				King			Balt	o. Ci	ty_		MD
	限をOSH言		22a. I certif	y that I took charg	e of the remains de		T-1	West	XI, F	Ashbu	r Foli	St.	Ш	and in my c	pinion		
	AMILE SELECTION OF	1	death resulte	ed from Notus	rol causes .	Accident	X, Su	cide,	Hamic		Undete	ermined mo	nner	].			
	MAN WAN		ACTUAL	Unus	ente /h	olle	410.		TITLE (SI		-	ICAL EXAM		DATE		-19-	97
	SEAT SE		SIGNATURE_	700	1 001			M.I	D. <u>Noo1</u>	LStairi	MED!	ICAL EXAM	INER	SIGN	ED	) <u></u>	0 /
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOULD BE FOR LUNERAL DIRECTO AFTER DEATH WITH THE BALLIMORE, MARYLAI	-	EXAMINER'S I	NAME Marg	arita A.	Kore!	11, M.D		DDRESS_	111	1 Per	n St.	, Ba	lto.,	MD	212	01
	DX 40 A A	23a.B	URIAL, CREMAT	TION, REMOVAL 2		23c.	NAME OF CEA	NETERY OR	CREMATO			CATION			JNTY	51	ATE
07/B4 25M	BP		Burial	an in the	5/23/87		Mt. Aut	urn (			В	altimo		1d.			
ZOM	DHMH - 17	24 F	NAME C MA		ADDRES:	1200	labert	A		250. DATE	YES BY	REGISTRAI	25b RE	GISTRAR'S			ASS.
	(VR A15 ME (5))		WITH C IMA	arch F/H	west 4	+300	Wabash	Ave.			_ 1	1301					



## STATE OF MARYLAND FOR STATE

EPAR	RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
	CE	RTI	FICATE	OF	DEATH		

REG. NO.	1 4 2	1 6
20 DATE OF DEATH MONTH	1687	26 HOUR
A. AGE LIN YEARS LAST BIRTHDAYL	IF UNDER 1 YEAR	IF UNDER 24 HR

Į		REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO.		6:40	
ı		CEASED NAME FIRST	( '	AIDDLE	17	AU .		NTH DAY	YEAR	26 HOUR
I	1.63	Samb	ce/		4/	ung	05	166	97	1 AM
ľ	3. SEX	11	4. RACE			OF BIRTY	6. AGE LIN YEARS LAST BIRTHD		NDER 1 YEAR	IF UNDER 24 HRS
l		101	B		S HONTH	6 38 11	7.5	YRS.	HS DAYS	HOURS MIN.
ł		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	BALTIMORE CITY OR	OUNTY OF	DEATH	,
H		Pa.	USA		WIDOWE		DALTIM	ORE	Cit	MD.
2	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPATION		26. KIND O	F BUSINESS OR
1	Ba	altimore	North	Charle	S		THE C. WORK TON MOST C. W.		ADOSTKI	
4	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OR ) TATE 13b. COUN		GIVE RESIDENCE BEFORE  130. CITY OR TO'  Baltimo			13e STREET ADDRESS / Z		2	12,17
4	14 EA	THER'S NAME		Daitimo	16		727 Druid Pk.	Lake	Dr.	(1/)/
1	14. FA	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAST	ī
4		William	Young			Mary	Young	<u> </u>		
ı		VAS DECEASED EVER IN U.S. ARI	WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	ADDRESS			
ļ		Yes (IF YES, GIVI	. 2	163-18	-8122	Rev.Phillip	Scott 7130 N.	Alter		
ſ		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per	line for 101, (b), o	and (c)	1. /			BETWEEN	MATE INTERVAL DISET AND DEATH
ı			E CAUSE (a)	(61	diec	mest				
ı		DC 11 A	DUE TO, OF	R AS A CONSEQU	UENCE OF	1 11/1	11			
١		Conditions, if ony, which	(b)	(m	cest	Twelteast	thelast			
I		gave rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQU	SENGE OF	: ///	10			
I		underlying cause last.	(c)	15	open	uc /ten/7	Dis Roy	28		111111
I	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN	N PART 110	1
	CERTIFICATION									
	ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		Db. IF YES, WE CERTIFYING		
	RT						YES NO	YES [	,	NO 🗌
ı		21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH (	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IS PART 1	OR PART 2)	
ı	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER	_		19					
ı	MEDICAL	21d INJURY OCCURRED	21e, PLACE (	DF INJURY EET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR FOWN		COUNTY	STATE
Į		AT WORK NOT WHILE AT WORK								
ı		22a I certify that (I) (this hospit		deceased from			, to			that (I) (we) fast
1		sow the deceased alive on, nhave (I) (we) (did) (def not		after death.	, on	d that in (my) (our) apinion o	death occurred an the date	and haur and	I from the c	couses stated
ı	100	77h SIGNATURE	-).01			DEGREE	MEDICAL STAFF		22c. DATE S	SIGNED
1		1-10	NIDE	3		MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	PK)	161	12387
		THE PHYSICIAN SNAME INTO	101	lish		22e. ADDRESS				/
1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1	(:	SPEC#YBurial	5/20/8			n Forest	Owing Mill	S	Md.	STATE

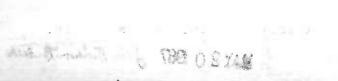
Garrison Forest

DHMH - 16 60M 7/84 (VRA 15, 4)

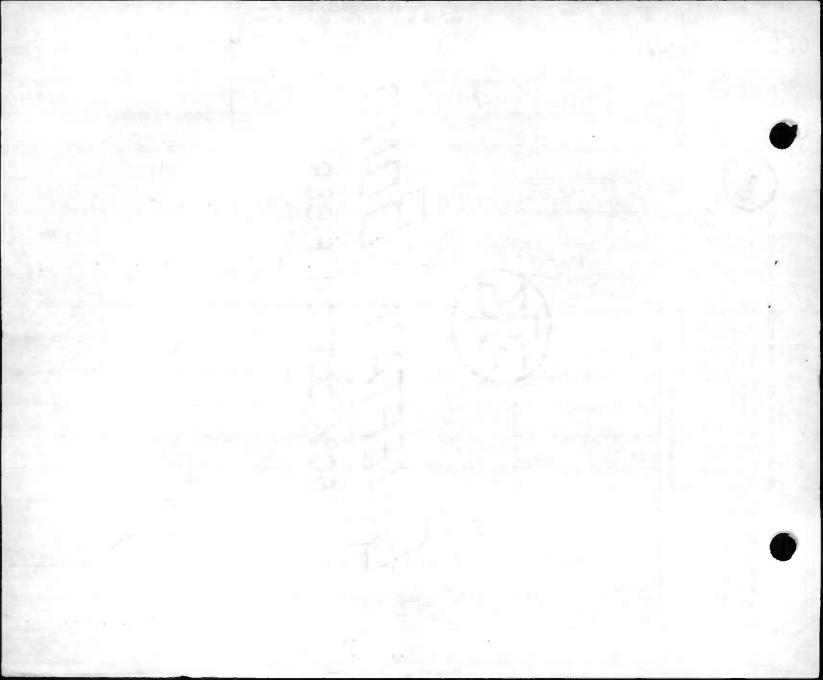
as the burial-transit permit. Then th and Mental Hygiene prior to b marked or Hem. 18 shows any

> 24 FUNERAL DIRECTOR Chas.A.Rice FSPA 1300 Eulaw Place

Owing Mills



6		11-	FOR STATE 7/25	/87, Gbj.		DEPARTA	MENT OF H	EALTH A	AND ME	NTALH		-		A	0		,
151	0.7 JUN	1. DE	REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	XAMINE	K 2 CE		AIE	-		REG. NO.	MONTH	DAY	YEAR 2	b. HOUR
	32 % 52 % FF.	(ÎYP	É ÓR PRINT)	Willia	ım		Yo	ungba	ar.	Jr.		OF	MATED	5/	25/19		M
	S NECESSARY, PLEASE FUNERAL DIRECTOR. TS FOR YOUR FILES. DI WITHIN 72 HOURS W PRESTON STREET,	3. SEX		White	9/16/1	1957	6. AGE (IN YEAR) LAST BIRTHDAY 30 YRS	MONTHS		IF UNDER		RONOUN DEAD	CED	MONTH 5/	25/ 19	YEAR	12:32 a M
	MITHIN PREST	70 BI FO	REIGN COUNTRY d	OR	USA	HAT COUN		MARRIED	NEV	ER MARRI	IED X		ore city or imore	-	TY OF DEA		MD
		10. CI	Baltim		II. NAME OF HOS (IF NOT IN SUCH FA Univer	CILITY GIVE ST			RINSTITUT	10N	120 USU	AL OCCUP	ATION (TYPE	OF WORK	126 KIND	OF BUSI	
1		13a. S		136 COUNTY	hester	13c. CITY	or Town	13	Bd. INSIDE (II	TY LIMITS?		et addres	ss Box	τ 1	15 2	1613	3
RE. MD.	190		THER'S NAME		WIDDIE	Your	ngbar,	Sr	S. MOTHER	RST	aine		ae		LAST	asne	еу
ALTIMOI	S AFTER D GIVE PAG TITH FORW PAGES IVISION	16a. V		VER IN U.S. ARME	ED FORCES? AR OR DATES)	16b SOC	AL SECURITY I	NO. 1	7. INFORM	IANT		You	ADDRESS ngbar	, S1	r. Sa	ame	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE	D BE EXECUTED WITHIN 24 HOURS AFTER ENDING" IN PENCIL IN TEM 18. GIVE PA MEDICAL EXAMINER ALONG WITH FOR AS A BURIAL - TRANSIT PERMIT, PAGES ALTH AND MENTAL HYGIENE, DIVISION CREMATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)												BEIWEEN	N ONSET A	ND DEATH
TAL RECO	SHOULD BE EXE WORD "PENDING CHIEF MEDICA! BE USED AS A BU NT OF HEALTH AP BURIAL, CREMA!	CERTIFICATION	19a, DATE OF OI	PERATION	196 CONDIT	TION FOR V	VHICH OPERA	TION WA	S PERFORA	MED?					20 AUTO		
SION OF VI	IIS CERTIFICATE SHOULD WRITING THE WORD "PR WADED TO THE CHIEF A GET SHOULD BE USED. AT DEPARTMENT OF HE ZOI PRIOR TO BURIAL, OF THE CONTRACT	MEDICAL CERTI		Of rimary CAUSE OF DE	21h. TIME OF HOUR A.M ATH 11:56P.M	. MONTH	DAY YEAR	1000	edent			ATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PAI		LX.	NO []
DIVIE	INCIDENT.	ME	WHILE AT WORK			House		128	E. Ran	dall S	Street	corror tow Balti		COL	UNTY	1	STATE Md.
D	MEDICAL EXAMINER: ECUTE THE CERTIFICATI EGE 4 SHORE EFORE FUNERAL DIRECTOR: FOR DEATH, WITH THE SHORE. THE DEATH, WITH THE SHORE.		220. I certify death resultes ACTUAL SIGNATUR EXAMINER'S NA (TYPE OR PRINT)	Dellu	af the remains de la causes Lucianis F. Sr	referent Duy	m	Autophy de D	pimici pilite (5r	istar	Undete	Inquiry rmined mai CAL EXAM	INER	DATE SIGNE		<u>′25/8</u>	37
07/84	BP 6/7	(5	Bur.		DATE /27/87	23c N	dar Hi	TERY OR	Ceme	tery	Ba	CATION Plantin		A . A	. Co.	•	d.
25M	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTO	Funeral	37 EABORESS Homes	atap Bal	sco Arto., N	/e.,		_ 1.	UN 1	registrati 198	7 Julia	TRAR'S S		-della	2



			1					STAT	E OF MARYLAND				
0.5	398	OF HIS		FOR			DEPART	MENT OF H	EALTH AND MENTAL HYC	GIENE O	1 /	1 3	1 0
. 0 0	M.C.D.		1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 /	6	la	10
			1	DECEASED NAME	FIR51		WIDDIE		AST	REG. N	MONTH DAY	YEAR	26 HOUR P
1.00	. m	£		TYPE OR PRINT)	7 11 3 7					The DAIL OF DEATH	*		20 HOOK 12
	Z 0	deoth	ĕΕ		ANNELI	E ]	L.	YOUN	GBLOOD	MAY 15	1997		11:05 M
1.50	8	- Le	3	SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS.
	ge 4	tho s	4	Female		Cauca	sian	Apri	1 16, 1927	60	YRS MONTH	HS. DATS	HOURS MIN.
	0 4	2 61	9	BIRTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
	eoth.	- 4	7	Georgia	- /	U.S	.A.	WIDOWE		BALTIMO	RE CITY	7	WD
2000	1/3	\$ 1800	40	CITY OR TOWN OF DEA	ATH			NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 17	26. KIND OF	F BUSINESS OR
5 /	1	HO	7	BALTIMORE	/	THE JOI	HACILITY, GIVE STREET HOPKI	NS HO	SPITAL.	Southern .	DE WORKING LIFE IN	ephon	e
212	8 8	4 AZ	4	SUAL RESIDENCE (# NURS	ING HO ME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				(11)	30506
9	44	E/4		Georgia	Hall	TY	Gaines		13d. INSIDE CITY LIMITS? YES NO KK	Box 313 D	ROUTE 8	Pric	e Road
I.A.	See 3	to which	_	FATHER'S NAME	narr		Gaines	VIIIE	15. MOTHER'S MAIDEN NA		Noute o	TITC	C Read
A X	In:	S. P.	Gr.	FIRST		AIDDLE	LAST		FIRST	MIDDLE	77	LAST	
×	par de	8/1/	4	Gle			Light		Rá		Hunt		2252
ORE	200		7	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	JRITY NO.	17. INFORMANMr. RE	alph Youngb!	Ecod	GA	. 30506
BALTIMORE, MARYLAND 2120	2	3	L	No			254-36-	0799	Box 313 D Ro	oute 8 Pr	ice Road		nesville,
3AL1	ate ate	\$ 2 E		II CAUSE OF DEAT	H (Enter anl	y ane cause pe	line for (a), (b), a	nd (c).1		N. Land		BETWEEN	MATE INTERVAL
	Pu &	npo		PART I. DEATH W		DBY: E CAUSE (0)	CAR	DANG	ARREST			113	05 5/15
Z	CIT E	10 and 10	1		WANTE DIVIN								
W. PRESTON ST	€ E	om o	1	Conditions, if any	which	DUE TO, C	MULTI		BM FAILUR	E OVER 2-	-3 wk5	2 -	-3 WKS
PRE	e d	mot r tro		gove rise to imm	nediate	) (0)_			/				
```	130 à	cre othe	1	underlying couse		DUE TO, C	LIVESL		288 / 550	515	Sept 3 (3 4)	5-	- 6 WKK
201	so ed	plea urial		DADT 2 OTHER CICE	LIEIC ANIT C	ONDITIONS C			NOT RELATED TO THE TERM		IDITION CRIENT	ALDADT 1	
	TO IS	o bi	ч			_		DEATH BUT			IDITION GIVEN II	Y PARI IIO	S Yer
13	G 5	T. Tigin -	+	190 DATE OF OPERA			IN omA	S I	P RESECT	20e AUTOPSY?	20b. IF YES, WE	DE EINIDIN	05 11550
RECORDS.	No	e p		CHOL	ION	1	Λ		N WAS PERFORMED		IN CERTIFYING	G CAUSES	OF DEATH?
AL	The Cron	Show		41156		LIVER		2		YES W NO	YES 🗌	,	NO D
>	hysi hysi	o To	/1.	OR CONTRIBUTING TH		21b TIME C	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART 1	OR PART 2)	
0	O B P	entol-t	4	(IF EITHER, NOTIFY MEDI			M.	19	The second second				
DIVISION OF VITAL	ndin his o	d Me		(IF EITHER, NOTIFY MEDI	RED		OF INJURY REET, FACTORY, OFFICE.	EADM STC )	211 LOCATION	CITY OR I	OWN	COUNTY	STATE
IVIS	offe offer	o the		WHILE NOT WE	RK R	THE ST	acei, racioni, orrice,	. 1			,		
٥	A A	mo It		220.1 certify that (I)	(this hospit	al) attended th	ne deceased from	41	19 6	7 to 51	15 19	87.	that (1) Owe) lost
	OR JO	F.H.		saw the decease	ed alive an	5/1	5 19	£7 01	d that in (my) (our) opinion	death occurred on the o	late and hour one		
	AT OSP	D + E		22b. SIGNATURE	did) (did not	) view the bady	after death.	/ CA	DEGREE			77L DATE 5	
-	O P P	Oche Dep	1	228. SIGNATURE	11	//	11111		TTENDING	MEDICAL STA		THE DATE O	1.100
	TAL	det det		/	230	edle	1 80/18	N.	PHYSICIAN [	DIRECTOR PHYSI		-/	13/5/
0.77	HOSPIT ned by FUNER	TAP		224 PHYSICIAN STO	AME THE OF	PRINT!	)	1	22e ADDRESS	1	11	6	200
	D HC	with the		BRA	DLZY	CK	BEAW	NB	VIE JAHNS	HOPKINS	HOSPITA	r to	MIT. MY
	0 5 0	533	2	BURIAL, CREMATION,	REMOV	23b. DATE			EMETERY OR CREMATORY	236 LOCATION			
110	16,801	44		(SPEC#Y)	-	5/19/			View Mem. Gar	Cummin		exth	GA
71	107	1/	2	Burial				awner	view Helli. Gal	Cummin		syth	
1		6 60M 1/84	ľ						ors , Inc250 DA		Autia D.	SIGNATO	Pandaes
	(VRA	15, 4)		8728 Libert	y Roa	d Rand	allstown	, MD.	21133 A	MAY 1 9 1981	Chille D	widen.	Kandala

NA 100 10. 10

	51	ΓΑ	TE	OF	M	ARYL	AND
TMENT	1	)E	HE	AI	TH	AND	MENT

8 7 <sub>EG.1</sub>	10.	4	2	1	9
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	÷
. 347					

25	37-	7- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 ZEG. NO. 1 4 2 1 9							
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
		RONALD		IGLER		MAY 11, 1987	8:49A M		
	3. SE)	MALE	4 RACE WHITE	S. DATE O	3/12/1940 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS		
1					3/12/1940	46 YRS.			
5		NNSYLVANIA	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIE	D NEVER MARRIED X	BALTIMORE CITY OR COUNT			
144	BA	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH JOHNSES HO THE JOHNSES HO	PRINS	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BUS BOY	126 KIND OF BUSINESS OR		
Sec.	13a <sub>M</sub> S	ARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP COI 407 PARK AVE.	21201		
allow?		THER'S NAME FIRST	MIDDLE LAST ZETGLER		15. MOTHER'S MAIDEN NAMERS TO THY	ME MIDDLE	MILLER		
h .	16a W	AS DECEASED EVER IN U.S. AR		IRITY NO.	17. INFORMANT Mary	Yohn ADDRESS RF	D 8, Carlisl SAME/		
8/12/40		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUIDATE OF THE PRESENCE O	ENCE OF	CARINII PRI	EUMONIA	ONE HOJE  ONE WEEK		
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES		
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	8 PART I ORPART 2)		
/	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
		220.1 certify that (1) (this haspi	tal) attended the deceased from 19	Con.	nd that in (my) (aur) apinion (	to	our and from the causes stated		
	6	226. SIGNATURI ) Les	-a. file m	5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/11/87		
1		22d PHYSTCIAN'S NAME (TYPE O	LUICE, MD		JOHNS HOPK	INS HOSPITAL,	BALT, MD 21205		
		BURIAL, CREMATION, REMOVAL SPECIFY) REMOVAL	23b. DATE 23c   5-13-87	NAME OF (	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
STATE \*\*ANATOMY BOARD

\*BALTIMORE, MD.



Part of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o

611111111

STATE OF MAK	ILAND
DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE O	DEATH

Zeller

5 DATE OF BIRTH MONTH

July

ENE	8	G. NO.	1	4	2	2	0
20. DA	TE OF DEA	TH MC	HIM	DAY	YEAR	26 HOU	IR
	m	ay	20	,198	37	7:3	6 A.
6 AGE	(TN YEARS L	AST BIRTHD	AY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
	64		YRS.	MONTHS	DAYS	HOURS	MIN.
9. BALT	IMORE C	TYOR	COUNT	Y OF DE	ATH		

	(TYPE OR PRINT)
	3. SEX
	Mal
d	To. BIRTHPLACE (5'
4	Maryl
4	10 CITY OR TOWN
	Baltimore
	USUAL RESIDENCE
	Maryla
1	14 FATHER'S NAME

director, page 3

ŧ

removal

ö

prior

the bur ō

haspital

8

=

FOR - STATE REGISTRAR 1 DECEASED NAME

> White 76. CITIZEN OF WHAT COUNTRY? ATE OR FOREIGN U.S.A. and OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

> > MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

136 COUNTY

Thomas

4. RACE

EIRST

City

MARRIED MEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Hospital

YES TOL

16.

Baltimore City 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Press Man

13e.STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR INDUSTRY News American

nd FIRST

Zeller

13c. CITY OR TOWN

Baltimore

Joseph

The Union Memorial

NO [ 15. MOTHER'S MAIDEN NAME Catherine

YEAR

1922

MIDDLE

5301 Walther Avenue 21214

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

Thomas 160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)

ARMED FORCES?

(IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

6b SOCIAL SECURITY NO 213-14-5300

17 INFORMANT

13d. INSIDE CITY LIMITS?

ADDRESS

Honan

Mary A. Zeller 5301 Walther Ave. 21214

PART I. DEATH WAS CAUSED E IMMEDIATE (	CAUSE (a) Cardiopulm	brary Arres	it		
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF RECENT ()  DUE TO, OR AS A CONSEQUENCE OF SEVERE	nyocardia) Ir	nfarction .		
ART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? YES NOW	DITION GIVEN IN PART  206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED
10. ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	11b. TIME OF INJURY HOUR A.M. WONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART T OR PART ?	
Id. INJURY OCCURRED  WHILE NOWHILE NATIONAL THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

O FUNERAL DIRECTOR ould be detached th the State Dept. IMPORTANT

CERTIFICATION

MEDICAL

Jeffrey A. Grass, M.D.

220.1 certify that (1) (this hospital) attended the deceased from.

saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death.

The Union Memorial Hospital

MEDICAL

ATTENDING

PHYSICIAN

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

May 23 1987 Burial

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

may 16

DEGREE

22e ADDRESS

Baltimore BY REGISTRAR 25h

STAFF

and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated

DIRECTOR PHYSICIAN

Maryland

22c. DATE SIGNED

24. FUNERAL DIRECTOR

22b. SIGNATURE

Baltimore, Maryland Leonard J. Ruck, Inc.

Lia Dividion Rondollo

DHMH - 16 60M 7/B4 (VRA 15, 4)

Mark to the set w original gram samuel monte for BILIDELE SILE No Fig. 11 At 11 At 1-14-23rd | Park 4. Teller 5201 anti-on the case of energies station related americal soft of the defense Distinct of House, Int. Dat. during Juny largement . 05392

FOR STATE

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

v vo.	V	4	22	
MONTH	DAY	LAR	25 HOOR	
	NO.			

100	201					REGIN		56	100		
	CEASED NAME FIF	RST	WIDDIE	t/	AST	20 DATE OF DEATH	20 DATE OF DEATH MONTH DAT			TAY MAR 25 HOUR	
1		air	Ruth		Zook	May	3 1987	1987 1:45A W			
3. SE	X	4 RACE	COLL	S. DATE O	F BIRTH	6. AGE (IN YEARS EAST BIR	THDAY)	IF UNDER ! YEAR	IF UNDER		
	Female		auc.	MONTH	DAY YEAR	0.0	~	MONTHS DAYS	HOURS	MIN.	
-				May	6, 1899	88	YRS.				
	IRTHPLACE (STATE OR FOREK		OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH			
	MD.	USA		WIDOWE		Baltimor	e. Cit	-17		ME	
TOPIC	ITY OR TOWN OF DEATH			ING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b KIND O	F BUSINE		
1		(IF NOT IN	SUCH FACILITY, GIVE STRE	ET ADDRESS)		(TYPE OF WORK FOR MOST O					
	altimore		yland Gen		ospital	Factory		Fact	ory		
	STATE	COUNTY	ON GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE				
P	MD.	arroll		inster		106 Bc		t. 211	57		
14) F.	ATHER'S NAME	32 2 O 1 1	110001111		15. MOTHER'S MAIDEN N.		7 7 7 7				
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	1		
$V_{\rm J}$	lohn	D.	Zincor	)	Nancy			Arnold			
	WAS DECEASED EVER IN L			CURITY NO.	17. INFORMANT	ADDR	ESS				
1	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES	213-09	-5394	Harry Zoo	k 13e					
H	18 CAUSE OF DEATH (E							APPROX	MATE INTER	VAL	
		ate the DUE TO	OR AS A CONSEO Congesti	ve Hear	rt Failure NOT RELATED TO THE TER	'MINAL DISEASE OR CON	IDITION GIVI	EN IN PART 110			
N	Carebros	vascular i	Aggident								
CERTIFICATION	190 DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	70b. IF YES	WERE FINDIN	IGS USER	0	
[ 은							IN CERTIF	YING CAUSES	OF DEAT	TH?	
E						YES NO Y		S 🗍	NO [	]	
	710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	110110	E OF INJURY A.M. MONTH	DAY YEAR	TIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)			
A	(# EITHER NOTIFY MEDICALE		P.M.	19							
MEDICAL	21d INJURY OCCURRED		CE OF INJURY	,,,	211 LOCATION						
X	WHILE NOT WHILE	[] I AT HOME	STREET, FACTORY, OFFICE	E, FARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	S	STATE	
	AT WORK AT WORK					211	0	07			
					7 29 19 8		0		that X (v		
1	saw the deceased a above, (**(we) (did)	live on <u>May</u>	8 19.	, an	d that in (mg/) (aur) apınıaı	n death accurred an the d	ate and haur	r and from the	couses sto	ated	
	226. SIGNATURE A		0		DEGREE			22c. DATE	SIGNED		
	15%	- Dan	chan -		ATTENDING	MEDICAL STA		5181	182		
1	224 PHYSICIAN'S NAME	7 70	- Color		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSIC	IANIA	-/-/			
	ZZU FIITSICIAIN S NAME	(TIPE ORPRINT)		1		1 1 0					
	2/14	1-7/Au	CHZN		C/O Mary	yland Genera	I HOSE	oital			
23a.	BURIAL, CREMATION, REM	AOVAL 236. DATE	23	. NAME OF C	EMETERY OR CREMATORY						
	Burial	5/1	1/87	estmir	aten	THE CITY OR TOWN	nater	Cann		MD	
74 F	UNERAL DIRECTOR	10/1				Westmi ATE REC'D. BY REGISTRAR				TILL	
	NAME	412	Washing	ton Ro	Jau	MAA		KAK J JIGINAI	OKL		
R	obert K. Pi	ritts, S	r., Wes	tmins	Cer, IND MA	11 14 1007 /	lin To	-2- 0	8.00		

DHMH - 16 60M 7/84 (VRA 15, 4) the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

-701	
4	
A	1
FI	-
50	
52	2
掘	
ARY.	*
Σ×	60
Ö.	ZUBER.
J. C.	-
NA	
S	
SO C	
RES.	1
N. P	6
HOF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 120 ED NON MED DR. A. DIXON PER MR. PURVES	1
DS.	
贸	
N. R.	
NON	
7-0	
五	

STATE OF MARYLAND 266 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME EIRST 20 DATE OF DEATH MONTH DAY YEAR 7h HOUR (TYPE OR PRINT) LULA ZUBER MAY 7, 1987 2:24P 5 DATE OF BIRTH 3 SEX 4 RACE 6 AGE IIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS IF UNDER ! YEAR MONTH YEAR BLACK FEMALE 38 Ta. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY VIRGINA USA WIDOWED BALTIMORE CITY DIVORCED [ MD. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE UNEMPLOYED USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore 21201 YES X George St. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE EIRST Raymond Coleman arris 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 228465909 Willa Davis 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIORESPIRATOR IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF CERVICAL CANCER METASTATIL ADVANCED Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF please underlying cause last. bur PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION a prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY2 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? urial-transit perr NOF YES T NO [] sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M Me or 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION P (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY marked WHILE NOT WHILE 220.1 certify that (1) Phis hospital) attended the deceased from that (I) (we) last DIRECTOR saw the deceased alive an and that in (my) (aur) opinion depth occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. should be detached 226. SIGNATURE DEGREE SIGNED 22c DAT 100 ATTENDING MEDICAL STAFF FUNERAL MPORTANT PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Md. Buria Baltimore STATE 5/12/87 Eastview BP BY REGISTRAR 256 REGISTRAR'S SIGNATURE

C. March F/H 1101 E. North Ave.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR